

**Experiences of violence among women with physical disabilities living in
Tshwane Metro, Pretoria.**

By

Yeukai Leoba Muruzi

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SUPERVISOR: DR P. GUTURA

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DEDICATION

I dedicate this study to my late father Mr Clements Muruzi, who inspired me to have goals of performing well in my academics work and to advance my studies. He believed that education is a powerful tool of empowerment for a girl child. He sacrificed everything he could so that I can get the best educational opportunities. I was very privileged to have such guidance and to develop passion for education from a very young age up to this point.

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ABSTRACT

EXPERIENCES OF VIOLENCE AMONG WOMEN WITH PHYSICAL DISABILITIES LIVING IN TSHWANE METRO, PRETORIA

Researcher: Yeukai Leoba Muruzi

Supervisor: Dr P. Gutura

Degree: MSW (Research)

Institution: University of Pretoria

Violence against women is a widespread challenge in various communities. Literature reveals that women with disabilities specifically are at an elevated risk of experiencing different types of violence and they experience violence more than women without disabilities or men with disabilities. More so, they are faced with violence unique to them known as disability related violence. As such, the goal of this study was to explore and describe the experiences of violence among women with physical disabilities in Tshwane Metro, Pretoria. The study was based on a qualitative approach to research and it was applied in nature. Using an instrumental case study design, a sample of twelve women was selected using purposive sampling method. Data was collected using face to face and virtual interviews guided by a semi-structured interview schedule. The data was thematically analysed.

The empirical findings of the study indicated that the participants experienced various forms of violence such as sexual, financial, physical, emotional, structural violence as well as neglect and deprivation. As found in this study, there were two risk factors that increased the possibility of the participants experiencing violence. These included, assumptions allied to women with physical disabilities and not disclosing the violence experienced. Nevertheless, the participants had ways of protecting themselves from violence highlighted as protective factors, which included self-acceptance, disclosing violence and getting support from significant others. Further, the participants coped in different ways after they experienced violence. They relied on support from informal networks, professionals and also by being empowered. The participants suggested

that social workers ought to intervene within the responsible families of women affected with violence, carry out sensitive interventions and enhance the dignity of women with physical disabilities experiencing violence.

The study concluded that women with physical disabilities are not an exception to violence as they are faced with multiple forms of violence and disability related violence unique to them. Based on the conclusion, it is therefore recommended that there is a need for facilitation of public awareness on violence experienced by women with physical disabilities. Further, there should be capacity building for social workers, and assessment of the families of women with physical disabilities experiencing violence for holistic effective interventions. Intervention programmes or services for people faced with violence should not discriminate against women with physical disabilities, and a multi-sectoral approach can be used to help in addressing violence as it occurs in different environments such as public places, family contexts, schools, health care centres and work places.

KEY CONCEPTS

- Violence
- Women
- Physical disabilities
- Experiences
- Pretoria

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ACRONYMS AND ABBREVIATIONS

CIL:	Centres for Independent Living
ICIDH:	International Classification of Impairment, Disability and Handicap
ILM:	The Independent Living Movement
UPIAS:	The Union of the Physically Impaired Against Segregation
UN:	United Nations
WHO:	World Health Organisation

CHAPTER ONE

GENERAL OVERVIEW OF THE STUDY

1.1. INTRODUCTION

Violence against women is known to be a severe social problem and a criminal offence globally (Krahe, 2018:6). It consists of multiplex issues and different vulnerabilities victims are exposed to. The perpetrator may exert any kind of behaviour to the female target, which can result in physical harm, psychological, emotional harm or any other aggravated consequences (Williams, Norman & Nixon, 2018:200; Krahe, 2018:6). In countries like South Africa, violence against women has been on the increase mostly in form of intimate partner violence and it is argued that, “the rate of women killed by intimate partners in South Africa is six times the world wide average and the rates of women raped in the country are very high” (Goodrum, Felox, Brown, De Veause-Brown & Aemistead, 2019:128). Therefore, violence against women tends to be increasing at alarming rate, which brings about the quest to enquire more on the elevated risk vulnerable women such as those with physical disabilities are exposed to.

Persons with disabilities are said to consist of about 15% of the world population and approximately two thirds of them live in Sub-Saharan Africa (World Health Organisation (WHO), 2011; Neille & Penn, 2015:2839). Locally, more than 7.5% of the South African population have a disability and the majority are women (Statistics South Africa (Stats SA), 2014). “Disabilities are known to be more prevalent among women (8.9%) than men, who consist of about 6.5% of those with disabilities” (Stats SA, 2014). Over the past years, literature has revealed that women with disabilities are not an exception to violence. They experience violence sometimes on a daily basis and are as twice as likely as women without disabilities to experience violence such as physical and sexual (Dowse, Soldatic, Spongaro & Van Toorn, 2016:342).

However, information about violence against women with physical disabilities is known to be scarce. The violence experienced is argued to be under-reported and that the evidence on the forms of violence experienced by women with disabilities is too inconsistent (Dowse et al., 2016:342). Plummer and Findley (2012:16) support that the scant of input around the violence experienced by women with disabilities is

compounded by the overall devaluation, dehumanizing and the disregard of persons with disabilities by the general society. Therefore, the violence might go unnoticed and that those who desire to look for help might be met with little support or insensitivity to their circumstances (Neille & Penn, 2015:2852; Plummer & Findley, 2012:16). The perceptions held against women with physical disabilities tend to be unconfirmed and probably less likely to be legit, thereby leading to the possibility of negative treatment and marginalisation of women with physical disabilities (Heijden, Abrahams & Harries, 2019:829). As a result, the current study strived to derive findings surrounding violence experienced by women with physical disabilities and to uncover the actual realities involved.

This study aimed to explore and describe the experiences of violence among women with physical disabilities in Tshwane Metro, Pretoria. Furthermore, the study explored the risk and protective factors associated with violence against women with physical disabilities, as well as the coping mechanisms applied. Suggestions for social workers were inquired on, in terms of how they can effectively develop or refine intervention strategies to assist such women. Three policies were explored in their significance to the study and these are, Convention on the rights of persons with disabilities, White paper on the rights of persons with disabilities and the Domestic Violence Act 116 of 1998, which are all critically explained in chapter two.

The theoretical framework utilised to broadly support the study's inquiry was the social model of disability, indicated in chapter three. The study aimed to obtain in-depth information through the qualitative research approach and the concomitant methods of non-probability purposive sampling, semi-structured interviews, thematic analysis, data quality through trustworthiness, pilot study and the inclusion of ethical considerations. Although the research methods were properly fitting in the study, challenges such as network unreliability were encountered during telephonic data collection interviews. Chapter four covered research methodology. Chapter five presented findings based on the objectives and lastly, chapter six provided key findings, conclusions and recommendations.

The next section defines the key concepts of this study.

1.2. DEFINITIONS OF KEY CONCEPTS

The key concepts of this study are defined below:

1.2.1. Violence

In general, violence is categorised in two forms, that is, interpersonal violence and interstate war (Walby, 2012:96). Interpersonal violence is more linked to gender inequalities, sexuality, ethnicity and religion, thus to say as an example, one's gender (being female or male) might escalate chances of being violated by another. Interpersonal violence is applicable in the context of this study as it focuses on violence perpetrated by one person to another. That is, by partners, family members, or different professionals that render services to people with disabilities as well as the general community members. Some common types of interpersonal violence are physical, sexual, emotional, financial, and structural and disability related violence (Ballan & Freyer, 2012:1084; Neille & Penn, 2015:2849; Rich, 2014:419). This study adopts this definition of interpersonal violence.

1.2.2. Experiences

An experience is a phrase that entails being consciously the subject of a state of condition or being consciously affected by an event (Oxford English Dictionary Online, 2020:1569). In this study, experiences refer to the conditions of violence women with physical disabilities are subjected to.

1.2.3. Physical disability

Physical disability is defined as an impairment of physical nature caused by either injury or illness, or that it can be acquired or to be congenital and impedes a person's mobility in varying degrees (New dictionary of social work, 2012:45). Physical disability in this study refers to disabilities that are acquired through injury or of developmental nature, which dates back from one's childhood or birth.

1.2.4. Women

According to Mogoane (2019:11), "a woman (singular form for women) is a female adult human being." In this study, a woman refers to a female in an adulthood phase, with a physical disability, aged between eighteen and sixty years. The age limit was done in accordance to the Older Persons Act 13 of 2006, which provides that with

women, old age starts from sixty and above. Hence, female individuals in old age were not included in the study, only those in adulthood phase.

1.2.5. Pretoria

Pretoria is the administrative capital of South Africa located in the City of Tshwane, a metropolitan municipality that forms the local government of Northern Gauteng province (Provincial Profile, 2016). In this study, the participants were living in Pretoria at the time of the study and they were obtained through a participating organisation in Pretoria.

1.3. RATIONALE AND PROBLEM STATEMENT

Violence against women has been the centre of focus in many areas of research, but with little attention given to the violence experienced by women with physical disabilities (Dowse et al., 2016:342). Particularly in South Africa, women with disabilities seem to be less presented in the articulations of violence against women, yet they experience violence on a higher level than men with disabilities, and women without disabilities (Heijden et al., 2019:828; Ortoleva & Lewis, 2012:16). Internationally, the expressions and experiences of women with disabilities have greatly been lacking in the research of violence against women (Plummer & Findley, 2012:16).

The few studies that are available show that women with physical disabilities are at an elevated risk of experiencing violence, they experience multiple forms of violence in their lifetime from multiple perpetrators and for longer periods of time (Heijden et al., 2019:828). The multiple forms of violence women with physical disabilities are exposed to compromises their health and human rights and they might have reduced physical defences when attempting to protect themselves from the violence experiences (Ballan & Freyer, 2012:1087; Neille & Penn, 2015:2838). Women with physical disabilities experience other forms of violence unique to them known as disability related violence and structural violence. Other detrimental occurrences are associated with the stereotypes and discrimination faced by women with physical disabilities, which result in an increased risk of experiencing violence. For instance, the stigma surrounding sexuality that they are asexual and therefore suitable for risk-

free sex, which can risk them into experiencing rape due to the myth that a virgin can cure HIV/AIDS (Heijden et al., 2019:829).

After an exhaustive analysis of the available literature, it appears that there is scarce information in South Africa concerning violence against women with physical disabilities. To fill the gap, this study explored and described the experiences of violence among women with physical disabilities in Tshwane Metro, Pretoria. The study was more inclusive as it targeted both women with congenital and acquired physical disabilities. Thus, increasing representativeness and enabling focus on other kind of disabilities that might have been previously excluded in this area of research.

Further, social workers have been argued to be less involved in research focusing on violence against women with disabilities (Plummer & Findley, 2012:26). Therefore, as a rationale, this study will contribute to the field of social work by presenting findings that may assist in addressing violence against women with physical disabilities and ultimately contribute towards women empowerment in the disability sector. As such, the study sought to answer the question, *“What are the experiences of violence among women with physical disabilities living in Tshwane Metro, Pretoria?”*

Other sub-questions that contributed to the inquiry of the main question are as follows:

- What are the forms of violence women with physical disabilities in Pretoria are experiencing?
- What are the risk factors and protective factors associated with violence against women with physical disabilities in Pretoria?
- What are the coping mechanisms employed by women with physical disabilities in Pretoria when faced with violence?
- What recommendations can be suggested to social workers to assist women with physical disabilities experiencing violence?

1.4. GOAL AND OBJECTIVES

The **goal** of the study was to, “explore and describe the experiences of violence among women with physical disabilities in Tshwane Metro, Pretoria.” To fulfil the goal, the following **objectives** were achieved:

- To conceptualise and contextualise violence against women with physical disabilities in South Africa.
- To explore and describe the forms of violence women with physical disabilities in Pretoria experience.
- To explore and describe the risk factors and protective factors associated with violence against women with physical disabilities in Pretoria.
- To explore and describe coping mechanisms that women with physical disabilities in Pretoria use after experiencing violence.
- To recommend intervention strategies that social workers can use to assist women with physical disabilities experiencing violence.

1.5. CHAPTER OUTLINES

The outline and focus of each chapter in this dissertation are described below:

Chapter One: General overview of the study

This chapter gives an overview of the whole research focus. The following areas are covered: an introduction, definition of key concepts relevant to the study, description of the problem statement and the significance of the study, the main research question and sub-questions, as well as the goal and the objectives of the study.

Chapter Two: Women with physical disabilities and violence: A critical review

Violence against women with physical disabilities is explored within the international and national context. The following topics are covered: conceptualising violence against women with physical disabilities, prevalence of the violence, forms of violence women with physical disabilities experience, risk and protective factors, coping mechanisms and the relevant policies to the focus of the research.

Chapter Three: The Social Model of Disability

In this chapter, the social model of disability is presented and analysed in a way that produces coherent and well-founded information.

Chapter Four: Research Methodology

This chapter presents the research design and methods used in planning and implementing the research as well as explanations on their appropriateness to the study. The research design of case study and the sub-type of instrumental are explained. The qualitative research approach, applied research, population and sampling strategy, data collection methods, data analysis and data quality, pilot study as well as the ethical considerations adhered to in the study are detailed.

Chapter Five: Presentation and Discussion of Findings

The collected data is presented in this chapter, in accordance to the themes that emerged. The findings are discussed in relation to the literature and the theoretical framework. More so, participants' direct quotations are also infused.

Chapter Six: Key Findings, Conclusions and Recommendations

This final chapter is based on the key findings of the study as derived from the themes. Conclusions are made based on these key findings. Recommendations and suggestions for future studies are also provided. Limitations of the study are stipulated.

1.6. CONCLUSION

Chapter one provided an overall introduction of the study's focus and the aspects that motivated the study at hand. Key concepts of the study were defined, which will also enable thorough understanding of other chapters to follow. The researcher briefly stated policies relevant to this study, the theoretical framework and research methodology. Importantly, problem statement was explained, which revealed the research gap and subsequently the significance of carrying out this research. More so, chapter one presented the main goal of the study, objectives, main question and the sub-questions guiding the entire study. The next chapter provides a critical review of the literature on violence and women with physical disabilities.

CHAPTER TWO

WOMEN WITH PHYSICAL DISABILITIES AND VIOLENCE: A CRITICAL REVIEW

2.1. INTRODUCTION

This chapter will review and analyse some of the national and international literature available on physical disabilities and violence against women. The chapter will conceptualise violence against women with physical disabilities, discuss the prevalence of the violence, forms of violence experienced, risk factors, protective factors, coping mechanisms and the policies relevant to women with physical disabilities.

2.2. CONCEPTUALISING VIOLENCE AGAINST WOMEN WITH PHYSICAL DISABILITIES

Browne (2011:14) provides a broad encompassing explanation of what constitutes violence against women with disabilities in general. It comprises of intentional acts that results or may result in harm of the victim, perpetrated by different types of offenders. The intentional acts carried against the victim may include coercion or arbitrary deprivation of liberty, which might occur in private or public life (Browne, 2011:14). From this information, it appears that women with physical disabilities can be violated in various forms such as the use of force or threats, which is the coercion described above or in oppressive ways that do not involve direct forceful actions. These acts are explained more in a section to follow in this chapter, which focuses on the forms of violence women with physical disabilities are exposed to. The broad descriptions provided above show that, violence against women with physical disabilities can occur in private spaces like home environments or in the public (Ortoleva & Lewis, 2012:15; Browne, 2011:14).

Women with physical disabilities are known to experience expansive forms of interpersonal violence than women without disabilities (Pengpid & Peltzer, 2014:857; Gender Links, 2015). This is supported by the fact that, women with physical disabilities are mainly exposed interpersonal violence in form of gender based violence just like women without disabilities and other additional types of violence unique to them known as disability related abuse (Ballan & Freyer, 2012:1084). Besides interpersonal violence and disability related violence, women with physical disabilities

are at times victims of what is known as structural violence that emanates from broad societal systems and usually influenced by the condition of having a disability (Neille & Penn, 2015:2849).

In a study done in Australia by Astbury and Walji (2014:3128), it has been found that women with disabilities are in a situation categorised as triple jeopardy due to their gender, the condition of having a disability and the risk of violence involved. Thus, women with physical disabilities because of gender on its own, they are at a risk of becoming victims of gender-based violence. The condition of having a disability can risk them into experiencing disability related violence, which consist of acts such as withholding assistive equipment like walking aids, facing neglect with important tasks such as getting out of bed and bathing, withholding needed medication for the disability and being left in physical discomfort for an extended period of time (Plummer & Findley, 2012:16; Ballan & Freyer, 2012:1084).

Persons that perpetrate violence against women with physical disabilities include intimate partners, caregivers, personal assistance service providers, family members and law enforcement agents such as the police as well as health care workers (Plummer & Findley, 2012:24). It is reported that the risk of abuse of women with physical disabilities by personal assistance providers is high due to the fact that they are usually involved together during the time of assisting (Plummer & Findley, 2012:24). For instance, assisting with highly intimate tasks such as bathing, toilet, dressing up and getting out of bed. Ortoleva and Lewis (2012:15) note that women with physical disabilities who experience sexual violence in such situations usually do not disclose due to the fear of losing an assistant that the woman is used to or that she might be left without any assistant for an extended period of time.

Disability is described as an interplay between people with impairments and environmental barriers that hinder their full participation in the society (Hughes, Bellis, Jones, Wood, Bates, Eckley, McCoy, Mikton, Shakespear & Officer, 2012:1621). Interpreting that, violence against women with physical disabilities depicts the emergence of an environment that disfavour these women through their interaction with their immediate environment. This perception links to the theoretical framework used in this research, which is the social model of disability. The theory supports that

the society or social environment is failing to transform its operations to meet the needs of persons with impairments or to be accommodating to them (Owens, 2015:387; Mira, 2012:280). Hence, it is of utmost importance to understand the violence experienced by women with physical disabilities from the context perspective. Chapter five of this study clearly presents the findings that indicate how the participants' contexts also contribute to the violence experienced.

Another significant concern associated with violence against women with physical disabilities is that, women with disabilities in general are usually deprived of opportunities to learn appropriate and inappropriate behavioural patterns that they can be exposed to from other persons (Shah, Tsitsou & Woodin, 2016:1191). This input can relate to the point that, women with physical disabilities are compounded with the societal stereotypes of gender and impairment, which might put them at a disadvantaged position of being excluded from acquiring crucial knowledge (Astbury & Walji, 2014:3128). Therefore, there might be lack of access to essential information among women with physical disabilities, which in turn can risk them into experiencing violence (Shah et al., 2016:1192).

2.3. PREVALENCE OF VIOLENCE AGAINST WOMEN WITH PHYSICAL DISABILITIES

Prevalence information on violence against women with disabilities can at times be inconsistent due to the issue that some cases can go unreported (Browne, 2011:19; Ortoleva & Lewis, 2012:16). Despite this concern, it is presumed that adults with disabilities are at a higher risk of experiencing violence than those without disabilities (Hughes et al., 2012:1621). However, amongst the population of adults with disabilities, women are more prone to experience any type of violence (Ballan & Freyer, 2012:1084). Shah et al. (2016:1190) support the above notions by postulating that, in Europe, North America and Australia, nearly eighty percent (80%) of women with disabilities have been exposed to psychological and physical violence and are at a greater risk of experiencing sexual abuse than women without disabilities. In the United Kingdom, women with disabilities are about two to five times more likely to experience sexual violence than women and men without disabilities (Shah et al., 2016:1190).

Women with disabilities have a high likelihood of experiencing domestic violence, various types of other gender-based violence and are more likely to experience the abuse over a longer period of time than women without disabilities (Ortoleva & Lewis, 2012:15). This information shows that the commonness of violence among women with physical disabilities is high and they can also become victims of the violence that the general society mostly perceive only non-disabled women are exposed to.

Browne (2011:18) acknowledges the same assertions above by stating that, women with disabilities are at an elevated risk of violence compared to men with disabilities and women without disabilities, despite their race, age, class or sexual orientation. It is also crucial to note that women with any form of disability experience violence on a higher rate and far greater scale than women without disabilities. The duration of violence perpetrated against women with physical disabilities is indicated to be uniquely longer (Ortoleva & Lewis, 2012:16; Browne, 2011:18). The effects of violence on women with physical disabilities can be prolonged due to other existing factors. For instance, the physical appearance of a woman with a disability may be perceived as inappropriate and that their needs are not to be prioritised (Rich, 2014:419; Neille & Penn, 2015:2851). Hence, violence might be an additional emotional strain to a woman who is probably already struggling with obtaining acceptance as she is.

In South Africa, women with disabilities have a high possibility of experiencing intimate partner violence than women without disabilities (Heidjen et al., 2019:828). However, this information seems to be contrary to the general societal beliefs that women with disabilities are asexual and ineligible for marriage (Rich, 2014:419). Such myths assume that women with disabilities rarely have intimate partners and as a result, cases such as sexual violence might go unnoticed or unreported. One might as well provide the hypothesis that, women with physical disabilities have reduced physical defences, which can bring about greater chances of being victimised as they might struggle to protect themselves through for example escaping violent situations.

The Crime and Victimization Fact Sheets (2018:1) provides that, nearly 30 of every 1000 people aged 12 or older with a disability reported victimisation compared to 12 of every 1000 people aged 12 or older without a disability in the United States of America. This information can be linked to the findings that, more than 7.5% of the

South African population have a disability and the majority are women (Stats SA, 2014). Meaning, women with physical disabilities might be at an elevated risk of experiencing any form of violence. Having the above information in background, the subsequent section will therefore explore the forms of violence women with physical disabilities are exposed to.

2.4. FORMS OF VIOLENCE WOMEN WITH PHYSICAL DISABILITIES EXPERIENCE

Violence against women with disabilities, like violence against women without disabilities, varies in manifestation. The forms that violence against disabled and non-disabled women take are usually diverse and includes psychological, physical, economic, emotional and sexual abuse. Women with disabilities may, however, experience forms of abuse that are particular to their specific disability. These are described below:

2.4.1. Physical violence

Physical violence is defined as a direct form of violence consisting of actions such as hitting a person, kicking, pulling hair, slapping and threatening with a weapon, among other actions that cause a victim to be harmed (Schlack, Rudel, Karger & Holling, 2013:2). The South African Domestic Violence Act of 116 of 1998, section XVI demarcated physical violence as “any act or threatened act of physical violence towards complaint.” The two definitions reveal that physical violence is perpetrated through seen actions such as slapping a person and that threatening can be done with the use of an object, whereby a person might be frightened with a weapon.

Some adult women with physical disabilities have experienced physical violence in their childhood as well as adulthood life stage (Mikton, Maguire & Shakespeare, 2014:3208; Heijden et al., 2019:837). It appears that during their childhood, women with physical disabilities have a higher vulnerability of being physically abused by different persons involved in their daily lives such as teachers, parents and caregivers, for reasons like bed wetting or being slow learners at school (Heijden et al., 2019:837). In their adulthood phase, women with physical disabilities are as well exposed to physical violence instigated by family members, care givers, intimate partners and the general community members through violent crimes (Heijden et al., 2019:237).

Hasan, Muhaddes, Camellia, Selim and Rashid (2014: 3107) carried out a study in Bangladesh which reveals an increased physical violence among women with disabilities through intimate partner violence, thus, physical violence perpetrated by intimate partners. The physical violence mostly consists of direct violent actions of beating, slapping and pulling of hair for the reason that one has a disability (Hasan et al., 2014:3107). Another significant aspect specifies that, women with physical disabilities are at a greater risk of experiencing physical abuse than women without physical disabilities in various phases of life (Mitra & Manning, 2011:803). Even during the critical periods such as the time of pregnancy, the risk of physical violence is still high among women with physical disabilities and they are mostly victimised by their intimate partners (Mitra & Manning, 2011:803-804). These findings seem to portray that physical violence among women with physical disabilities is also prevalent within their intimate relationships and might as well go unnoticed because of the perceptions held that women with disabilities are rarely in intimate relationships (Heijden et al., 2019:830).

Neille and Penn (2015:2852) confirm violence against persons with physical disabilities in general, for which some of them are women. Physical violence is indicated to happen in form of severe beatings by teachers at school during the woman's childhood because of struggling to cope with the demands of school environment. Some actions inflicted on women with physical disabilities can be described as outrageous and serious breach of human rights. For example, being physically punished by family members because one is physically disabled and also being attacked with sharp objects or knives as a way of driving away the demons causing disabilities (Neille & Penn, 2015:2852). Exploration was done in this study to find out how women with physical disabilities have been physically violated in their lives.

2.4.2. Sexual Violence

Sexual violence can occur in two different ways of either sexual assault or sexual penetration without consent, which is commonly known as rape (Mlambo & Pillay, 2014:18). The Domestic Violence Act 116 of 1998, section XXI specifies that, "sexual violence humiliates, degrade or violates the sexual integrity of the victim." These are consequences that can be detrimental to a person's emotional wellbeing. For instance,

accumulation of feelings of powerlessness, inferiority or probably the perception that the perpetrator has power over the victim. Sexual assault as a type of sexual violence is known as sexually violating another person through behaviours such as “contact between genital organs or female breast of one person and any body part of another person. Contact between the mouth of one person and the genital organs or female breast or mouth of another person without any consent involved” (Mlambo & Pillay, 2014:18). In contrast, another form of sexual violence is rape, which entirely includes penetrative forms of sex without consent (Sexual Offences and Related Matters Amendment Act 32 of 2007, Section 1(K)).

Some experiences of sexual violence among women with disabilities are claimed to have started earlier on during their childhood and still happens during adulthood phase (Daruwalla, Chakravarty, Chatterji, More, Alcock & Hawkes, 2013:4). It appears that some perpetrators take advantage of the type of disability that a woman has and sexually violates her. As an example, Daruwalla et al. (2013:4) report on cases of sexual assault against women with visual impairment, consisting of inappropriate touching done by persons related to the victim. Plummer and Findley (2012:16) also offer the prevalence that, women with disabilities are four times more likely to have had experienced sexual assault in their lifetime. Concerns have been given over sexual assault based on the fact that some women with physical disabilities might obtain assistance with more intimate tasks on a daily basis, probably from personal assistants, care givers or general family members. A possibility of boundary confusion might be experienced by not being sure of where one's help can reach (Plummer & Findley, 2012:16).

The societal stereotypes against women with physical disabilities at times risk them into experiencing sexual violence (Shah et al., 2016:1191). Women with physical disabilities have had their bodies objectified as asexual and targeted as easy to control or manipulate into experimental sexual activities (Shah et al., 2016:1191). Heijden et al. (2019:829) concur by stipulating that, there is an existence of stigma of asexuality allied to women with disabilities, which results in the belief that they are virgins and therefore appropriate candidates for risk-free sex. Such perceptions have resulted in the high likelihood of women with physical disabilities experiencing rape particularly in Asia and Africa where there are some myths that, having sexual intercourse with a

virgin can cure a person of HIV/AIDS (Heijden et al., 2019:829). In this study, the researcher sought to find out the types of sexual violence that participants have experienced. That is, either sexual assault or rape and the context in which it occurred.

2.4.3. Emotional violence

The Domestic Violence Act 116 of 1998 of South Africa section 1(XI), describes emotional violence as habits of degrading and humiliating a complainant. These habits are inclusive of, “repeated insults, ridicule or name calling, repeated threats to cause emotional pain as well as repeated exhibition of obsessive possessiveness or jealousy, which might result in serious invasion of the complainant’s privacy, liberty, integrity or security” (The Domestic Violence Act 116 of 1998, section 1(XI), (a), (b), (c)). It is important to note that emotional violence can be a consequence of other types of violence such as physical, sexual violence and neglect. Plummer and Findley (2012:26) support the above notion by categorising psychological violence as a consequence of other types of abuse. For instance, suicidal contemplation due to feelings of worthlessness after a woman with a physical disability has been sexually violated, severe anxiety and general feelings of stress.

Women with physical disabilities are argued to be often more psychologically vulnerable because of ongoing experiences of discrimination in the society and other general aspects such as being dependent for help with daily activities. This has a propensity of reducing self-esteem and self-assertiveness of the woman to stand against exploitation that she might be exposed to (Ortoleva & Lewis, 2012:27). Neille and Penn (2015:2841) give the opinion that having the condition of disability on its own usually brings about a sense of loss such as the loss of identity, at times loss of full ability and the loss of an envisioned future, more especially if the impairment is acquired unexpectedly. Women with physical disabilities might therefore become highly vulnerable to emotional exploitation due to the perceptions of not fitting the societal expectations of what is deemed normal.

Emotional violence experienced by women with physical disabilities is associated with disability related stigma and has various facets (Heijden et al., 2019:835). Denoting that, it can be transmitted in different forms or at different levels that allies with the ones mentioned in the Domestic Violence Act 116 of 1998 such as name calling,

humiliating and belittling the woman. On an institutional level, some women with disabilities are emotionally violated when they seek help, for instance in hospitals (Shah et al., 2016:1192; Neille & Penn, 2015:2852). Women with physical disabilities who often seek medical services during pregnancy are rebuked for falling pregnant as the health care providers claim that they do not have the capacity to carry pregnancy and perform child care responsibilities (Neille & Penn, 2015:2852). The experiences of emotional violence from institutions might be worsened by the fact that, such degrading occurrences have been regarded as not normal when experienced by a non-disabled woman (Shah et al., 2016:1192).

In addition, women with physical disabilities are frequently victims of stigmatisation in various communities. They are labelled with dehumanizing names by family members, peers or even strangers (Neille & Penn, 2015:2852). For instance, being categorised as mentally impaired because of the physical disability or that a woman with a physical disability is a curse that requires to be physically punished to drive away the demons (Neille & Penn, 2015:2852). Rich (2014:419) supports the above by advancing that, emotional violence experienced by women with physical disabilities can be influenced by the societal labelling of assuming their physical appearances as undesirable. As such, this study explored how women with physical disabilities have been victims of emotional violence through various ways from perpetrators.

2.4.4. Neglect and deprivation

Barker (2014:288) defines neglect as failure to fulfil one's legal and moral obligations especially to dependent family members. Meaning that, acts of negligence can be perpetrated by a person who is authorised or trained to carry out certain tasks and under some form of payment or perhaps a family member who is providing care from a point of doing what is deemed as morally right. Heijden et al. (2019:833) cited that neglect and deprivation can be experienced during childhood of a woman with a physical disability as well as adulthood phase. For instance, in the childhood phase, a caregiver or parent can deny or forsake duties such as assisting with bathing, toilet, feeding and any other responsibilities required for daily living activities of the child with the physical disability. In adulthood phase, these acts of negligence are also experienced or can also be known as disability related violence and consist of aspects such as withholding medication, neglecting personal care, denying access to mobility

devices and purposefully putting obstacles on the way of a visually impaired woman (Plummer & Findley, 2012:16).

In the South African context, other prominent forms of neglect and deprivation women with physical disabilities experience are of withholding the money obtained monthly from the disability grant (Neille & Penn, 2015:2854). The grant aims to at least enable the persons with disabilities meet basic needs since some might not be able to fully work (The Social Assistance Act 13 of 2004, section 9(b)). It is provided that mostly family members that reside with the woman with a physical disability take advantage of the grant and may confiscate it for other uses not linked to meeting the needs of the woman (Neille & Penn, 2015:2854).

Daruwalla et al. (2013:3) report on acts of negligence experienced by women with physical disabilities in India. It is noted that since their childhood, women with physical disabilities seem not to be cared for by their parents whom they lived with. Neille and Penn (2015:2852) argue that in a family set up, when women with physical disabilities ask for help or support with crucial matters, usually they are met with disregard and that their needs are not perceived as important as those of probably non-disabled family members or siblings. Some acts of negligence can be revealed through what appears to be lack of concern or follow up by family members if the woman with the disability is for instance admitted in a hospital or in an institution for a lifetime care (Daruwalla et al., 2013:3). This study therefore explored the acts of negligence and deprivation that women with physical disabilities might have experienced.

2.4.5. Financial abuse

This type of violence is also referred to as economic abuse and it is “the unreasonable deprivation of economic or financial resources to which a complainant is entitled to under law or which the complainant requires out of necessity” (The Domestic Violence Act 116 of 1998, section 1(XI)). In South Africa, persons with physical or mental disabilities are eligible for a disability grant if they are not able to work and support themselves due to the disability (The Social Assistance Act 13 of 2004, section 9(b)). Neglect and deprivation discussed above of using the grant money of a woman with a physical disability for other matters not related to meeting the needs required can be tantamount to financial abuse (Neille & Penn, 2015:2854). Hence, it becomes a

double-edged sword of incidences that negatively impact the woman with the physical disability.

On the other hand, it might be appropriate if the family members make use of the grant to purchase items regarded by the woman with the physical disability as her needs. Challenges arise when the contrary occurs that other needs not related to the recipient of the grant are obtained. An example would be, using the grant money to buy items used with other family members not the woman with the physical disability (Heijden et al., 2019:836). Financial abuse can be accompanied by other forms of violence such as physical violence. For instance, an intimate partner trying to confiscate the grant money from the woman with the physical disability and if she resists she might be victimised physically so as to comply (Heijden et al., 2019:835).

Financial abuse can also be experienced by a woman with a physical disability who is not a recipient of any grant but probably is employed and has an income or any other source of financial support. Daruwalla et al. (2013:5) report on some women who are married and have an income, however, the partner controls how they should spend their financial resources. Implying, the wife does not have the freedom to decide on the needs that she wants to spend her income on. Such behaviour equates to financial abuse as it portrays some deprivation of decision making on the financial resources that the woman with the physical disability might be entitled to under the law (The Domestic Violence Act 116 of 1998, section 1(XI)). Some partners are indicated to manipulate the woman's condition of having a disability in a way that will deprive her of economic independence (Hasan et al., 2014:3114). That is, a partner demands that he takes control of the woman's financial resources so that he will be able to take care of her without abusing her. With this information, the researcher was guided to explore the financial abuse that the participants might have been exposed to and circumstances leading to it.

2.4.6. Structural violence

The previously mentioned types of violence tend to be conveyed more through immediate environments of intimate, family and domestic relationships. However, structural violence is of indirect actions transmitted by broad societal structures or systems that places women with disabilities at a disadvantaged position (Neille &

Penn, 2015:2849). Ortoleva and Lewis (2012:44) propound that in health care facilities, women with physical disabilities' needs largely remains unmet. Some studies found that women with disabilities receive less screening services for breast and cervical cancer compared to women without disabilities (Ortoleva & Lewis, 2012:44). It appears that the stereotypes held by the general society against women with physical disabilities also exist in the institutions that are supposed to protect their needs (Heijden et al., 2019:829; Rich, 2014:419; Shah et al., 2016:1191). Ortoleva and Lewis (2012:45) contribute the same insights by stating that, women with disabilities are usually deprived of their sexual and reproductive health care as the health care providers suppose them to be asexual and assume that they are unsuitable for such services.

Another form of structural violence is shown in the work environment as women with physical disabilities are viewed as incapable of working and are met with rejection when seeking employment. Daruwalla et al. (2013:6) articulate that inequalities exist in access to work opportunities in private and public institutions between women with disabilities and those without. Women with disabilities are usually perceived as incompetent and incapable of completing work related tasks on time as required. In fact, women with physical disabilities who strive to pursue a career are usually met with constraints that may inhibit them from successfully meeting their goals. For instance, various schools lack facilities that can accommodate persons with disabilities or that the ones available might be expensive (Neille & Penn, 2015:2849). Daruwalla et al. (2013:6) concur by reporting that, women with physical disabilities who pursue careers usually get responses from the general society that it is out of their capacity and that probably no one might recognise it. Hence, the systems that should be helping in contributing to women with physical disabilities' empowerment through careers of their choices seem to actually thwart their progress by not being inclusive.

In South Africa, to apply for an identity document a person has to go to the Department of Home Affairs to submit the required documents (Department of Home Affairs, 2019). For persons with disabilities, they might need someone to accompany them to assist with for example, pushing the wheelchair or assisting with filling the forms for application. However, it is at times difficult to access public transport accommodative to persons with disabilities. After application, a follow up might be required, which can

be challenging for persons with disabilities (Neille & Penn, 2015:2849). These possible obstacles are related to structural violence. Rich (2014:430) posits that addressing structural violence requires looking at the person in their living environment and challenge the barriers stemming from their immediate or wider environment. For instance, actively challenging cultural norms of how a perfect woman should not have any kind of disability in order to be accorded equal opportunities such as education like the non-disabled population. This study inquired from participants the experiences of structural violence they might have been exposed to and the events that caused it.

2.5. RISK FACTORS ASSOCIATED WITH VIOLENCE AGAINST WOMEN WITH PHYSICAL DISABILITIES

Risk factors entail aspects that places women with physical disabilities at an elevated proneness of experiencing violence (Browne, 2011:21). Literature shows that some of the risk factors include stereotypes, role of perpetrators, dependency, system and cultural barriers.

2.5.1. Stereotypes associated with disabilities

There are certain unconfirmed or inaccurate perceptions linked to women with physical disabilities (Dowse et al., 2016:344). They are labelled as asexual, undesirable intimate partners, mostly single and childless (Ballan, Freyer, Marti, Perkel, Webb & Romanelli, 2014:3172). Heijden et al. (2019:841) agree by adding that women with disabilities are associated with disability stigma and they are usually perceived as passive, asexual or unable to reproduce. Such stereotypes have resulted in an increased likelihood of women with physical disabilities being sexually violated, more especially in intimate relationships as perpetrators assume that it can go unnoticed.

Some stereotypes held against women with physical disabilities have a high risk of causing emotional abuse (Astbury & Walji, 2014:3145). Vast findings report that regularly women with physical disabilities are blamed for the violence that they experience or to have had caused it because of the assumptions that they are mentally unstable (Astbury & Walji, 2014:3145; Daruwalla et al., 2013:4). As such, the victim might assimilate self-blame, which on the other hand can possibly cause continuation of the violence as the focus diverts from the perpetrator. In some family contexts, women with physical disabilities tend to be perceived as not requiring much attention

or not to have their needs prioritised as other non-disabled siblings, who are regarded more important (Neille & Penn, 2015:2851). As a result, stating or requesting for one's important needs might trigger emotional distress due to the invectives or unfavourable responses that seem to rebuke their needs (Neille & Penn, 2015:2851).

Another set of stereotypes associated with women with disabilities are that, they are physically incapable and struggle to perform tasks that can be carried out by women without disabilities (Ballan & Freyer, 2012:1087). Such perceptions are revealed even in contexts like health care facilities. Some women with physical disabilities are disapproved of being pregnant by health care professionals as they assume that they lack the capacity to nurture pregnancy and to raise a child (Neille & Penn, 2015:2852). Daruwalla et al. (2013:6) assert that most women with physical disabilities are discouraged to pursue careers by the general community and they are viewed as undesirable candidates by potential employers due to the assumption that they might not be able to perform work tasks competitively. Hence, disability has a possibility of hindering one's opportunities.

2.5.2. Dependency

Barker (2014:113) defines the term dependency as a situation of relying on other people or things for existence or support, it is a tendency of depending on others for aspects such as nurturance, protection, security and shelter. Several features play a role in a situation whereby a woman with a physical disability is dependent on someone. One of the reasons may be traced to structural violence. These include lack of education due to inadequate access to school facilities, which might deprive women with physical disabilities opportunities of education and to build careers (Neille & Penn, 2015:284). Moodley and Graham (2015:27) unveil that in South Africa, women with disabilities have the lowest levels of education compared to women without disabilities and men with disabilities. Denoting that, women with physical disabilities might be deprived of engaging in economic empowerment for self-sustaining. Thus, causing a high likelihood of these women to be more dependant for assistance with basic needs. The provider might be the perpetrator who justifies the abuse and views it as appropriate because he or she takes care of the woman.

Despite being dependent financially on the perpetrator, a woman with a physical disability might be reliant on the caregiver or an intimate partner for assistance with daily crucial tasks such as feeding, bathing and clothing (Plummer & Findley, 2012:24). In the case of experiencing abuse, the woman might be concerned about the source of continued care if she reports the violence. Therefore, the woman may feel that she needs to accept the abuse in order to keep her source of support. Hence, one's desire to have continued support with essential needs may outweigh the decision to address or escape the abuse being faced (Plummer & Findley, 2012:24).

Women with physical disabilities are said to be taught to rely on others for their needs than to be equipped or empowered to fulfil some of their responsibilities (Plummer & Findley, 2012:24). A strength-based empowerment approach might be required to enhance the capacities of women with physical disabilities to be independent. For instance, provision of the required equipment to support one's physical well-being and better mobility and challenging environmental barriers to their everyday lives. However, it seems lack of needed resources has a possibility of influencing one into the path of depending on others. Neille and Penn (2015:2851) postulate that in the South African context, women with disabilities who live in the rural areas might be disadvantaged due to lack of resources such as transportation. If therefore a person requires to do important tasks such as applying for an identity document, she might rely on others like family members to take her to Home Affairs. If the family disregards the woman's needs because of the disability, she might not be able to get the help required.

2.5.3. Role of the perpetrators

Persons involved in the lives of women with disabilities for different roles might as well become potential perpetrators of any form of violence (Plummer & Findley, 2012:23). These people range from intimate partners, general family members, personal assistance, educators and health care providers (Ortoleva & Lewis, 2012:15). According to Rich (2014:423), some women with physical disabilities get assisted with personal care providers on a daily basis for more intimate tasks such as help with bathroom and dressing. However, resulting in high probabilities of experiencing violence from the intimate partner who might not be comfortable with it, yet on the other hand he is not available most of the time to assist with such tasks.

Immediate and extended family members involved in the life of a woman with a physical disability may become perpetrators of the violence. There are women with physical disabilities who have been sexually abused by family members during their childhood as well in adulthood phase (Heijden et al., 2019:838). In some families, women with physical disabilities are exposed to neglect and psychological abuse (Daruwalla et al., 2013:5). In the case of being sexually victimised by a close family member, the woman is met with denial and get blamed for the incident or be instructed not to expose it to anyone (Daruwalla et al., 2013:4). Denial and blaming of the victim might be due to the reasons that, usually women with disabilities are not viewed as credible witnesses and they are assumed to misinterpret situations because of the stereotypes that physical disabilities imply mental instability (Ortoleva & Lewis, 2012:15; Heijden et al., 2019:835).

2.5.4. System and cultural barriers

System obstacles may relate to the broader context of services available to assist women with disabilities. These can be shelters for abused women, agencies that pay out disability grants, educational and health care facilities. Plummer and Findley (2012:24) mention barriers linked to lack of accessibility to the premises where services are provided. As argued earlier in this content of work, this might be linked to challenges such as inability to afford assistive equipment, not having a personal assistant for tasks like pushing a wheelchair and unavailability of transport that can accommodate persons with disabilities.

When accessing services from variety of public or private agencies, it appears that most women with physical disabilities are met with indifferences or insensitivity to their needs (Ballan et al., 2014:3172). Some women with physical disabilities face violence in places where they should be protected from any form of injustice and be treated on an equal basis of being human beings (Heijden et al., 2019:86). For instance, being rebuked for practicing reproductive rights in health care institutions due to the assumptions that they are not capable human beings. Some women are even neglected in health care facilities if they need help and literature reveals that, at times they are deprived of their health care needs (Ortoleva & Lewis, 2012:44; Heijden et al., 2019:835).

Cultural barriers might include societal stereotypes that impose labels on women with disabilities such as that they are asexual, unsuitable for marriage or an intimate relationship and that they have bodies outside the range of perceived norms of beauty (Plummer & Findley, 2012:24; Ballan et al., 2014:3172; Ortoleva & Lewis, 2012:15). Other unconfirmed generalisations are that, women with disabilities are cursed and deserve to be physically punished (Neille & Penn, 2015:2852). These perceptions can breed low self-esteem among women with physical disabilities and have the possibility of causing discrimination against them (Plummer & Findley, 2012:24). Low self-esteem as a consequence of cultural barriers might result in fear of not being able to care for themselves or to be independent, thereby leading to situations such as enduring a violent relationship so as not to lose the person providing care.

2.6. PROTECTIVE FACTORS

Protective factors promote one's ability to shield or defend themselves from any potential harm before or during the experience of violence (Ballan & Freyer, 2012:1087). The subsequent sections will discuss the following protective factors, passive self-defence, reporting the violence to formal agencies and accessing health care services.

2.6.1. Passive self defence

Passive self-defence is known as a strategy of non-physical defence used by women with disabilities when faced with a violent situation (Ballan & Freyer, 2012:1087). This protective factor can be argued to have different reasons why it is made use of. The woman can choose to be non-responsive to the violence and not report it to anyone, she then accepts or endures the violence as any attempts to reveal it can result in fatal physical revenge by the perpetrator, more especially in the context of intimate relationships. Another reason associated with non-physical defence as a protective factor is that, a woman with a physical disability can choose to have an assistant she is used to for help with daily activities and that upon exposing the abuse, there might be a high likelihood of losing the assistant or even to struggle to obtain another one as well as the implications of victim blaming pointed above (Daruwalla et al., 2013:4; Ballan & Freyer, 2012:1089; Plummer & Findley, 2012:24).

Passive self-defence as a protective factor is known to be a harm reduction tactic for women with physical disabilities. It reduces their risk of being seriously injured in any way during a violent situation encounter (Ballan & Freyer, 2012:1087). Despite the reduced risks, passive self-defence seems to be surrounded by intense negative complexities for the woman with a physical disability. Although one might try to reduce the risk of being injured through violence, long term exposure to ill-treatment can cause negative health effects (Hasan et al., 2014:3107). For instance, additional injuries in the case of physical violence, psychological effects of suicidal contemplation, depression, anxiety, sleeping problems and overall decrease in physical functioning (Plummer & Findley, 2012:26). The researcher explored the types of protective factors that women with physical disabilities make use of to shield themselves before or even during the situation of being faced with any form of violence. These protective factors are reported in the findings of chapter five in this study.

2.6.2. Reporting the violence to formal agencies

Women with physical disabilities experiencing violence can get protection services from organisations that either assist victims of gender-based violence or maybe assist persons with disabilities. However, there seem to be uncertainties towards handling cases of violence against women with physical disabilities (Ballan & Freyer, 2012:1088). In the South African context, a woman faced with violence can be helped through the recommendations and guidance from the Domestic Violence Act 116 of 1998 section 4, to apply and obtain a protection order. Instead of taking such route of responding to the cases of violence against women with physical disabilities, an agency for domestic violence can refer the woman to an organisation that offer services to persons with disabilities. Hence, the disability is prioritised over the immediate danger of violence that the woman is experiencing (Ballan & Freyer, 2012:1088).

Disclosure of violence experienced to the rightful agencies can facilitate the chain of assistance for women with disabilities through referrals and linking with the potential service providers (Plummer & Findley, 2012:25). Ballan and Freyer (2012:1088) raise the concern that in the case of being victimised or suspecting a high risk of experiencing violence, the pressing question remains if the woman with the physical

disability can be able to access services. Thus, accessibility to the service providers. Some perpetrators use a tactic of isolating the woman from any form of communication or mobility devices by confiscating them against her will, thereby leaving the woman without any means to look for help in case of being victimised (Plummer & Findley, 2012:24). Ortoleva and Lewis (2012:39) proclaim that some facilities that have a potential of offering services to women with physical disabilities experiencing violence are inaccessible to those women or do not have reasonable accommodations for them. Therefore, potential service providers might exist to offer protection to women with physical disabilities experiencing violence, but accessibility hindrances are still of concern.

2.6.3. Accessing health care services

When it comes to sexual and physical violence, women with disabilities are more likely to experience these forms of violence than women without disabilities (Dowse et al., 2016:342). Therefore, this risk may result in women with physical disabilities probably seeking more medical attention and in a way being a protective factor of shielding one's self from for instance, unwanted pregnancies or acquiring HIV virus. The Sexual Offences and Related Matters Amendment Act 32 of 2007, section 5 (a) provides that a woman who has been sexually violated can receive post exposure prophylaxis at a public health institution and can be given medical advice free of charge on how to use post exposure prophylaxis prior to the administering thereof. Hence, seeking health care services after experiencing sexual violence in form of rape may be a protective factor for women with physical disabilities.

After experiencing sexual violence, some women with physical disabilities can take the decision of accessing abortion services from public health institutions. However, Heijden et al. (2019:835) report that such incidents have resulted in some women with physical disabilities being psychologically violated by health care providers because of falling pregnant. The protective factor can therefore be accompanied with other forms of violence. On the other hand, women with physical disabilities can choose not to access health care services in the aftermath of violence as the health care providers might require them to report the situation to the law enforcement officials, which might result in the perpetrator seeking retaliation. Thus, not seeking health services might be a protective factor as well.

The use of non-physical or physical defence for protection against violence may both have a propensity of women with physical disabilities being harmed (Ballan & Freyer, 2012:1088). As the woman resist any form of violence she is exposed to, the perpetrator may increase forceful ways to gain dominance in the situation thereby injuring the victim more. Therefore, women with physical disabilities who have been physically harmed may access health care services to reduce the detrimental health consequences, which might as well escalate to cause emotional distress (Plummer & Findley, 2012:26).

2.7. COPING MECHANISMS

In the context of this study, coping mechanisms are understood to be response strategies employed by women with physical disabilities to minimize detrimental consequences and to survive after being faced with any form of violence. However, information on coping strategies seem to be scarce.

2.7.1. Resilience

Resilience consists of three interconnected facets of adversity, mediating process and better than expected outcomes (Van Breda, 2018:4). Its explanation is more centred on the mediating process of how a person negotiates positive coping strategies in face of unfavourable living circumstances, resulting in better than expected outcomes of improved adjustment. Adversity, that is unpleasant experiences of living, can either be chronic or acute that is lasting for a short period of time but having an intense negative impact (Van Breda, 2018:5).

In the context of this study, disability can be a form of chronic adversity that is lasting a lifetime. Violence may be acute and its exposal can enable facilitation of solutions, the victim obtaining required help and cease to happen. Hence, adversities faced by women in this study are of disability and violence. Physical disability can negatively affect the emotional well-being and identity of the woman due to societal stereotypes and violence can result in deteriorating physical wellness as well as emotional disturbance (Uys, 2013:38; Plummer & Findley, 2012:28). In the wake of such adversity, women with physical disabilities may be expected to cope in a maladaptive way or not being able to address the challenges faced, thereby resulting in decreased well-being.

Nonetheless, some acquire help through different sources, which results in adaptive living and the support constitute of the resilience mediating process (Van Breda, 2018:7). The resilience process can be intrinsic to an individual or found on broad societal levels. In the section of protective factors in this study, it has been indicated that some women with physical disabilities are sexually violated and seek help thereafter through accessing health care services (Dowse et al., 2016:342; Heidjen et al., 2019:835). For instance, seeking assistance with post exposure prophylaxis for the prevention of the possibility of acquiring HIV virus (Sexual Offences and Related Matters Amendment Act 32 of 2007, section 5 (a)). Hasan et al. (2014:3118) mention that some women with disabilities who are victims of intimate partner violence seek support from informal networks of friends or family members, who offer them advice on how to cope with the violence. Hence, these types of support obtained in the aftermath of the violence can contribute to the victim's improved functionality and help her to achieve better than expected outcomes of coping in maladaptive ways.

2.7.2. Empowerment

Empowerment is defined as the process of assisting individuals, groups or communities to develop their personal, interpersonal and socio-economic strengths to improve different areas of their lives (Barker, 2014:120). Women with physical disabilities who have experienced violence of any type can be supported to take charges of their lives and groom self-confidence, to enable them to utilise resources that will help them to address the situation. A woman with a physical disability and highly dependent on an intimate partner may fall victim of physical or psychological violence, but stays in the relationship in order to avoid losing financial support as an example (Neille & Penn, 2015:284). Therefore, helping the woman to acquire the resources to sustain herself can reduce hesitation to leave an abusive relationship, thereby lessening the negative impact of violence. Ballan and Freyer (2012:1086) agree by stating that economic independence can stimulate the ability of a woman to escape an abusive relationship. Accessible education and vocational training programmes may contribute to the economic empowerment of women with physical disabilities and the ability to adapt and provide for themselves outside an abusive relationship.

A concrete example would be enrolling women with physical disabilities in protective workshops, which are platforms that are disability user friendly and seeks to empower persons with disabilities with economic skills (Heijden et al., 2019:844). Women with physical disabilities may attend such workshops and acquire skills to make their own products that they can sell for profit, become established entrepreneurs and be able to sustain themselves. However, institutions that promote structural violence against women with disabilities need to be challenged by change agents such as social workers so that women with physical disabilities can fully economically participate in the society to build their own lives without any barriers. Some of these institutions provide essential services required by all citizens of the country despite one's disability.

2.8. RELEVANT POLICIES ON VIOLENCE AGAINST WOMEN WITH PHYSICAL DISABILITIES

This study adopted international and national based policies that aim to protect the rights of persons with disabilities in general. Some specific sections in these policies particularly focus on women with disabilities, which is more applicable to the study at hand. Policies to be explored below are, The Convention on the rights of persons with disabilities, White paper on the rights of persons with disabilities and The Domestic Violence Act 116 of 1998.

2.8.1. Convention on the rights of persons with disabilities

The convention is known as an international human rights treaty intended to protect the rights of persons with disabilities and South Africa was one of the countries that took part in signing it (Convention on the Rights of Persons with Disabilities, 2008). The main purpose is to ensure that, persons with disabilities have equal and full enjoyment of human rights and the related freedoms as well as promoting respect to their inherent dignity. Kayess and French (2008:3) comment that Convention on the rights of persons with disabilities embraces a paradigm shift from a social welfare approach to a human rights-based approach. The Convention therefore seeks to move from the perceptions that persons with disabilities are recipients of charity, to the view that they are subjects of human rights and they can claim and fulfil those rights as active members of the society.

The Convention consists of various chapters with articles clarifying its purpose within the proximity of what state signatories are obliged to do. Article three is based on the general principles that guide the policy and some of the principles are of respect for inherent dignity, the ability to make choices, independence of persons with disabilities, non-discrimination, acceptance of persons with disabilities as part of human diversity and equality of opportunities (Convention on the Rights of persons with disabilities, 2008:5). However, it appears that segregation against women with disabilities still exist in different societies, which on the other hand clashes with these principles. Ortoleva and Lewis (2012:41) argue that in some communities, women with disabilities are treated like they do not have control and freedom of choices over their lives. For instance, “they are forcibly sterilized or forced to terminate wanted pregnancies by parents, relatives and even health care institutions as they are perceived to being incapable of child care.”

Article six of the policy is specifically drafted for women with disabilities and it states that, “women and girls with disabilities are usually subjects to multiple forms of discrimination, therefore, states signatories will take measures to ensure that they are accorded their full human rights and fundamental freedoms as well as fulfilment of those rights” (Convention on the rights of Persons with Disabilities, 2008:7). The multiple forms of discrimination mentioned are linked to the focus of this study, which recognises that women with physical disabilities are facing violence due to the condition of having a disability as well as gender related discrimination (Heijden et al., 2019:828). Therefore, in the context of South Africa, women with physical disabilities require their human rights to be recognised and fulfilled in a way that will protect them from high risks of experiencing violence. These rights are provided in the Bill of Rights housed in the Constitution of the Republic of South Africa and makes provision of basic rights for all citizens.

Article sixteen of the Convention is based on freedom from exploitation and violence. It suggests that state parties should take appropriate measures to protect persons with disabilities from all forms of violence including gender-based violence. More so, support for persons with disabilities affected by violence or any form of exploitation should be gender, age and disability sensitivity. Inferring that, services aimed at protecting persons with disabilities who are at risk of violence should recognise the

individual's needs. For women with physical disabilities experiencing violence it would imply that, support services should be aware that they might be discriminated due to their gender, disability and various stereotypes that the society holds against persons with disabilities (Astbury & Walji, 2014:3128). Other aspects are related to ensuring that the environment is disability accommodating to enable adequate access for persons with disabilities and being able to have their unique situations understood than to be generalised in accordance to one's disability or gender.

2.8.2. White Paper on the Rights of Persons with Disabilities

It is a later additional policy build on the provisions and obligations of The Convention on the rights of persons with disabilities (Department of Social Development, 2016:7). The policy gives primary responsibility to national, provincial, local government and the general community to advance the rights of the persons with disabilities in creation of a just society that eliminates discrimination against people with disabilities (Department of Social Development, 2016:8). The vision of the policy states that, "South Africa shall create a free and just society inclusive of all persons with disabilities as equal citizens" (Department of Social Development, 2016:8). The mission is of advancing inclusiveness and equality through socio-economic development. Hence, non-discrimination against persons with disabilities is the main theme of the policy, which will however be implemented through different strategies provided.

The White Paper on the rights of persons with disabilities has nine core strategic pillars that can guide stakeholders when implementing the policy in practice. Of importance is that, the strategic pillars are underpinned by the recognition of the diversity of experiences of persons with disabilities. This means that persons with disabilities are not alike, they differ in their personal circumstances, gender, age, cultural backgrounds, geographical location, which requires unique responses to their needs (Department of Social Development, 2016:39). Such strategies are associated with the goal of this study, which explored and described experiences of violence among women with physical disabilities. Thereby advocating that, women with physical disabilities are in distinctive circumstances. For instance, experiencing violence that is unique to them known as the disability related violence (Plummer & Findley, 2012:16).

Pillar two of the policy is based on protecting the rights of persons at risk of compounded marginalisation (Department of Social Development, 2016:60). The pillar seeks to fulfil the recognition of diversity as indicated above and states that, persons with disabilities are not homogeneous. For instance, women with disabilities who have experienced violence might require different protective measures as they have unique geographical and socio-economic settings. Neille and Penn (2015:2849) reveal this notion by asserting that, variety of women with disabilities living in the rural areas are highly affected by structural violence, which on the other hand puts them at an elevated risk of experiencing other forms of violence.

An example will be a woman with a physical disability subjected to poverty, who lacks access to assistive devices such as a wheelchair. In the case of experiencing violence within the home environment, she might face difficulties in escaping the situation to seek help. Ortoleva and Lewis (2012:31) accords with the above by arguing that in general, some women with physical disabilities residing in rural areas have limited access to resources, training and skills development opportunities due to common negative stereotypes and their overall socio-economic status. Hence, preventative, secondary or after care and reintegration services provided to women with physical disabilities affected with violence should recognise the possibility of some who might be more marginalised because of socio-economic situations.

2.8.3. The Domestic Violence Act 116 of 1998

The study is based on combined phenomena of being a woman in general, which presents a risk of gender based violence and another heightened risk of experiencing violence due to one's disability. Therefore, The Domestic Violence Act is relevant and is discussed. The act makes provisions of issuing of a protection order to a complainant (who might be a woman), with the prohibitions that the respondent has to adhere to for the safety of the complainant (The Domestic Violence Act 116 of 1998, section 5, 6, 7, 8). The act is one of the policies build upon the foundations of The Constitution of Republic of South Africa, which advocates for non-discrimination and equality for all. As such, the Domestic Violence Act should as well extend its provisions to women with physical disabilities and ensure that they are protected in the face of violence in domestic or intimate relationships.

The types of violence experienced by women with physical disabilities range from physical, sexual, emotional, neglect and deprivation, financial as well as structural violence (Mikton et al., 2014:3208; Daruwalla et al., 2013:4; Shah et al., 2016:1192; Plummer & Findley, 2012:16; Heijden et al., 2019:835; Neille & Penn, 2015:2849). Domestic and intimate partner violence can consist of some of these types of violence such as sexual, emotional, physical and financial abuse (The Domestic Violence Act 116 of 1998, section 1, (viii)). The type of violence unique to women with disabilities is the disability related violence and structural violence. As such, women with physical disabilities should be accorded the same rights without discrimination to access protection services from the provisions of the Act.

At times, when women with disabilities seek services of protection from violence specifically, they are referred to facilities that offer services to persons with disabilities (Ballan & Freyer, 2012:1088). For instance, a residential care facility for women with disabilities. Hence, the disability is prioritised over the situation of violence that the victim is faced with. Different service providers such as the law enforcement agents might need to be educated on the risk of violence that all women are exposed to despite any condition and that women with physical disabilities who report violence to the police have a right to be assisted as any other women without disabilities. For instance, to be taken through all the relevant procedures such as “the duty to assist and inform the complainant of her rights, application for protection order and its issuing as well as warrant of arrest and other follow up procedures” (Domestic Violence Act 116 of 1998). Thereafter, the law enforcement agents can link the woman with other service providers to help her consider options of other alternative accommodations for protection.

2.9. CONCLUSION

The literature reviewed in this chapter ranges from international to national contexts that is South Africa. In these contexts, evidence has been provided on different types of violence that women with physical disabilities experience. They are noted to be at an elevated risk of violence due to the issues of gender and having a disability. Women with physical disabilities have other additional types of violence that they experience unique to them known as the disability related abuse and also structural violence influenced by the condition of having a disability. Further, it can be argued that violence

against women with physical disabilities appears to be prevalently high in various societies (Ballan & Freyer, 2012:1084; Shah et al., 2016:1190; Ortoleva and Lewis, 2012:15; Browne, 2011:18).

Women with physical disabilities also shield themselves from violence and its effects through protective factors such as passive self-defence, reporting the violence to formal agencies and accessing health care services. They also cope in various ways in the aftermath of the violence by relying on resilience and seeking empowerment to sustain oneself out of an abusive situation. There are policies available that provide preventative and protection measures that practitioners can use when intervening with women with physical disabilities affected with violence. The Convention on the Rights of Persons with Disabilities is an overall international policy that countries like South Africa can root their policies in, targeting women with physical disabilities. As such, The White Paper on the Rights of People with Disabilities domesticates the Convention. Other policies like The Domestic Violence Act can also make its provisions available to women with physical disabilities on the basis of their gender without the exception of having a disability.

After a thorough review of the literature relevant to this study, it has been noted that there are some gaps. For instance, there is underreporting of the cases of violence that women with physical disabilities experience. The underreporting may result in the information on the types of violence faced and the prevalence being limited and inconsistent (Ortoleva & Lewis, 2012:16; Browne, 2011:19; Plummer & Findley, 2012:24; Heijden et al., 2019:830). Another gap exists around coping mechanisms that women with physical disabilities make use of in the aftermath of violence. As such, this study intended to acquire more data to fill these research gaps as well as extending on the existing information. While on the other hand, providing women with physical disabilities a platform to express their views and experiences of violence they are faced with in the society. The next chapter explores the theoretical framework adopted in this study, which is the social model of disability.

CHAPTER THREE

THE SOCIAL MODEL OF DISABILITY

3.1. INTRODUCTION

The theory chosen for this study is the social model of disability. Prior to the development of the social model of disability, the Judeo-Christian perspective and medical model of disability were dominant in understanding disabilities. The Judeo-Christian perspective, which was supported by religious leaders, conceptualised disability as an act instigated by a higher being and that disability attracted miracles (Haegele & Hodge, 2016:194). The medical model displaced the Judeo-Christian view and categorised disability almost solely as an individual medical problem or personal tragedy (Barnes, 2012:3). With the emergence of the social model of disability, the medical model was challenged on the basis that a person's impairment might also be shaped by social constructs. Barnes (2012:3) articulates that societal responses to people with impairments varies significantly across culture, time and location. Therefore, social related attributes should also be included in the assessment of persons with impairments. This chapter will discuss the origins of the social model of disability, its assumptions, and weaknesses and justify its use in the study. However, before focusing on the social model of disability, it is important to understand the preceding model, which is the medical model of disability.

3.2. THE MEDICAL MODEL OF DISABILITY

The medical model of disability is dominated by medical practitioners and scientists, who played the role of diagnosing and curing illnesses (Haegele & Hodge, 2016:194). These professions completely categorised disability as a biological perspective, leaving out other aspects that can be involved when a person has an impairment. The medical model of disability views disability as a problem found within an individual with the impairment (Mira, 2012:280). Thus, if a person is impaired, disability automatically occurs to them without other aspects or people's involvement. Since the problem is found within the individual, the response tends to be cure and rehabilitation usually in segregated institutions to obtain treatment and be restored to normal functioning (Mira, 2012:280).

According to the medical model of disability, for individuals with disabilities to properly function in the society, they need to be medically cured (Haegele & Hodge, 2016:195). To medically cure might also imply fixing the problem that people with disabilities have, which will help them to be independent and those who refuse to be fixed are unmotivated (Haegele & Hodge, 2016:195). However, Meyers (2014:405) proclaims that the use of the medical model of disability presents an incomplete picture of the circumstances of persons with disabilities. The societal reactions and perceptions against people with disabilities are not problems rooted within one's impairment. For example, for a person who is visually impaired, his or her blindness cannot medically include discrimination. The discrimination is only found outside the medical category, probably instigated by persons who did not also diagnose the impairment. As such, social model of disability is considered more comprehensive and progressive compared to the medical model of disability. The following section provides the origins of the social model of disability, where it was initiated and how it has thrived over the past few decades changing the views of how persons with disabilities are perceived.

3.3. THE SOCIAL MODEL OF DISABILITY

Under this section, the historical development of the social model of disability is outlined as well as its full establishment.

3.3.1. Historical development of the social model of disability

The initial proponents of the social model of disability originated from United Kingdom and the United States of America (Barnes, 2012:3). The industrial revolution resulted in discriminatory policies against persons with disabilities, which caused the exclusion of persons with disabilities from the mainstream of economic and social life. As a result, persons with disabilities obtained support in institutions where they were accommodated away from their families or communities because they were viewed as people who are unable to contribute much in economic development (Barnes, 2012:4). When living in the community, people with disabilities were isolated and subjected to poverty. However, from 1960, the social model of disability surfaced to challenge the lack of support that people with disabilities were faced with (Mira, 2012:280). The views of the model supported that it is not the problem of an individual with a disability that they have limitations in the society, but the failure of the society that is not attentive to their needs and segregates them (Mira, 2012:280).

Several movements were formed in the United Kingdom by the disability activists from the period 1960. In 1965, The Disabled Incomes Group was formed by two women with disabilities with the intention of persuading the state to provide monetary welfare to persons with disabilities who needed it (Barnes, 2012:4). The succeeding movement that became most influential was known as The Union of the Physically Impaired Against Segregation (UPIAS) in the year 1974, with disability activists such as Mike Oliver, Paul Hunt, Vic Finkelstein, Maggie Hines and Ken Davis. These unions became social movements that enabled people with disabilities to come together and challenge the injustice they were subjected to through political activism (Owens, 2015:386). The UPIAS aimed to raise the awareness that disability was socially created and to focus on the role that the society plays in the oppression of persons with impairments (Kattari, Lavery & Hasche, 2017:870). One of the activist Mike Oliver advanced the work of the UPIAS to introduce the social model of disability and he recommended that, social workers should use critical lens when intervening with persons with disabilities. More focus should be given on the disabling impact of the society apart from the medical model point of view (Kattari et al., 2017:870).

According to the UPIAS connotations, a person can have an impairment of physical or cognitive nature, but disability is a complex form of social oppression similar to that experienced by women, ethnic minorities, lesbians and gay men (Barnes, 2012:4). As such, disability is an artefact of the society rather than something innate to the person (Owens, 2015:386). The UPIAS further on stipulated that, disability is rooted in what was known as the socio-political definition, which provided a distinction between impairment and disability (Barnes, 2012:5). Impairment is of biological or perhaps cognitive nature, which a person can fall tragedy of. In contrast, disability is a social response to the impairment, which restricts activities of a person with an impairment, takes little or no account of people with impairments, thereby excluding them from the mainstream of social activities (UPIAS, 1976).

From the year 1970, crucial developments occurred in the field of disability in the United States of America. There was an increase in the number of emerging Civil Rights Movements that aimed to address the experienced inequalities of gender, sexuality and race (Gallagher, Connor & Ferri, 2014:1122). As a result, persons with disabilities also became activists advocating for their recognition in the society and

change of policies that discriminated against them. The Independent Living Movement was formed across campuses of the American Universities and it was supported by other American disability-activists from disabled war veterans in order to influence the USA disability legislation (Barnes, 2012:5). The Independent Living Movement (ILM) and the succeeding Centres for Independent Living (CIL) were organisations run by persons with impairments. The aim of these organisations was to move from the medical treatment models offered in institutional settings that deprived persons with impairments independence in their daily lives. The ILM and the CIL presented a paradigm shift of rendering services that empowered people with impairments to have independent lives and function within their communities or families (Barnes, 2012:5).

New policies were introduced from 1970 to address disability related issues in different societies. In the United Kingdom, new legislation known as the Chronically Sick and Disabled Persons' Act was implemented and it aimed to improve the circumstances of persons with disabilities in public institutions, education sector, community-based services and housing (Barnes, 2012:6). Hence, the early movements created by disability activists based on the provisions of the social model of disability expanded to influence change through policies as well. In 1973, USA passed the Rehabilitation Act, which had sections that prohibited discrimination against persons with disabilities in any federal funded programme (Barnes, 2012:6). The United Nations (UN) also implemented policies that protected the rights of persons with disabilities such as The Declaration on the Rights of Mentally Retarded Persons 1971, Declaration on the Rights of Disabled Persons in 1975, which stated that, "persons with disabilities have fundamental rights just as their fellow-citizens, which implies first and foremost the right to enjoy a decent life as full as possible."

Development of these policies sparked a growing interest in disability matters on an international level as other organisations and states implemented different policies. The World Health Organisation made provision of a universally acceptable definition of disability through the International Classification of Impairment, Disability and Handicap (ICIDH) (WHO 1980, Barnes, 2012:7). The UN declared 1981 the International Year of Disabled People, which signified a formal recognition that national governments will take the responsibility to secure the rights of persons with disabilities (Barnes, 2012:7). Other relevant international legislations that followed

were The African Decade of Persons with Disabilities in 2003, The Asian and Pacific Decade of Disabled Persons (2003-2012) and The Arab Decade of Disabled Persons (2003-2012).

The following section seeks to provide an account of how the social model of disability was finally established. A differentiation is given between impairment and disability, which is essential in understanding the social model of disability.

3.3.2. The establishment of the social model of disability

The social model of disability was implemented as a response to the traditional medical model of disability and other wide range of dehumanising perceptions that were held against persons with disabilities such as that they are passive victims, highly dependent on family or friends and they are receivers of state welfare benefits and assistive services (Gallagher et al., 2014:1122). The activists and advocates of the model therefore intended to challenge how the public and different professionals viewed them and to be acknowledged as persons with basic human rights. As Owens (2015:387) describes it, the social model of disability aimed to address the inability or failure of the social environment to transmute its operations to meet the needs and aspirations of persons with disabilities.

As indicated in the section of historical development above, the concepts of social model of disability were established from as early as the year 1960 and its influence is still vital even at present in transforming the disability field (Barnes, 2012:4). However, years later after the prominence of the model, some scholars argue it to be a form of political resistance and an oppositional device that persons with disabilities used with their allies to achieve political agendas (Beckett & Campbell, 2015:271). Despite these political points of view, the social model of disability is relevant in this study as it divulges how the social organisation contributes to defining a larger part of the lives of persons with impairments. More so, the circumstances they are exposed to such as violence emanating from different societal facets as shown in findings of this study in chapter five.

The fundamental motif of the social model of disability is the sharp differentiation of impairment and disability (Goering, 2015:135). An impairment relates to the condition

of the body such as lacking a limb, mental health challenges whereas disability is the loss of opportunities to participate in the usual life on an equal basis with the others, owing to physical and social obstacles (Goering, 2015:135). Anastasiou and Kauffman (2013:442) presents the similar two-fold distinction between impairment and disability. Impairment is understood to be the loss or lack of functioning in some part (s) of the body whereas disability is associated with a society that segregates, disfavour and disadvantages persons with impairments by not making appropriate adjustments and give more predilection to those without impairments (Anastasiou & Kauffman, 2013:442).

Conjecturing that, people born with impairments or even those who acquired can learn how live with their conditions or to eventually adapt. However, the other persons in the living environment of the one with the congenital or acquired impairment may struggle to live with it. Hence, the person with the impairment might adjust and learn to live with it forever, but the society needs to change as well and adjust to accommodate the needs of that person (Meyers, 2014:405). Gallagher et al. (2014:1123) replicate the same point of view by stating that, the social model of disability aims to elucidate that the problems faced by persons with disabilities are derived from the society's collective responses to their impairments.

The social model of disability enables the recognition of people with impairments within the social lens, which depicts that they are socially stigmatised and that usually results in lower standards of living. The social disadvantages experienced by people with impairments are therefore the ones that resulted in disability activisms from the years around 1960 and transforming disability studies in the academia (Meyers, 2014:406). Based on these explanations, it can be noted that disability is a social factor that can be imposed on top of one's impairment, which is a biological condition, thus supporting that it is created socially (Anastasiou & Kauffman, 2013:442).

Although impairment and disability can be distinguished, the two cannot be brought to attention without each other. As Barnes (2012:11) puts it, the social model of disability does not refute the significance of the medical model of disability, thus in its forms of individualised interventions and the recommendations that may follow from the medical point of view. Rather it challenges the limitations that disrupts the

empowerment of people with impairments. Hence, the society can be more effective when it responds to the medically diagnosed impairment in a way that advances the person's life, providing the needed resources than discriminating.

The theory of the social model of disability therefore focuses on the problems emanating from the disabling environments through aspects such as segregating public policies, cultural practices that devalue persons with impairments and a wide range of perceptions that automatically results in exclusion. The congenital or acquired impairment that a person has can be a human constant, however, disability is a societal construction that can be challenged to change or to be reversed (Barnes, 2012:12). This is also supported by Anastasiou and Kauffman (2013:443) who postulate that to eliminate disability, the social barriers to the living conditions of people with impairments needs to be removed. Nevertheless, there are criticisms associated with the social model of disability and these are discussed in the following section.

3.4. CRITICISM OF THE SOCIAL MODEL OF DISABILITY

Although the social model of disability has influenced a transformed view or understanding of people with impairments, it has received various criticisms. According to Anastasiou and Kauffman (2013:445), the sharp distinction given between an impairment and disability has resulted in exaggerated emphasis of societal influence on disabilities at the expense of biological factors. The overemphasis on social dimensions seem to give a continuous picture of persons with impairments as subject dependent individuals. That is, one's life heavily depended on the provisions of the society without having any potential of playing an independent role. However, from a proponent's point of view, the fact that the society is demanded to make adjustments reveals that people with impairments have had an influence in the process, thus their voices being heard (Owens, 2015:387). Nonetheless, this criticism rests on the grounds that, the social model of disability has overly theorised social determinants of impairments and by doing so, the importance of biological elements has been overlooked. Therefore, the individual with an impairment is not presented holistically, but as a half person consisting only of social aspects and values but biologically detached (Anastasiou & Kauffman, 2013:445).

Another censure related to the one above expresses that the social model of disability ignores what the reality of impairment means in the field of disability (Mira, 2012:283). It is noted that the distinction between impairment and disability may be perceived differently in the minority and majority worlds (Mira, 2012:283). In the majority world or developing countries, emphasis on impairments might be viable than to focus on social reformations. In these developing nations, medical related needs to assist persons with impairments are still not being fully met before one can even transcend to be concerned about the society not being accommodative (Mira, 2012:283). This point of view therefore criticises social model of disability as an approach that is not applicable to all contexts, but suitable mostly in developed countries.

In the majority world, impairments or biological related factors might also require to be focused on just like the social related factors. For instance, ensuring that an impaired person obtains the assistive device required, then maybe exploring if the social environment where the person resides is also accommodating. Mira (2012:283) indicates that the priority of meeting the social rights in the majority world might not be appropriate as a person will be able to advocate for an accommodative society or spaces when they have the means to access. Hence, before the suggestions of the social model of disability are taken into consideration, it should be inquired if other important factors linked to the impairments or medical side are met, which will be the initial practical steps prior to other more expansive social related concerns. The other alternative scrutiny might be that, meeting of the impairment related needs and those of social type can be done hand in hand as the enablement of one result in the successful meeting of the other.

With this background of information, the subsequent section will give a justification of the use of the social model of disability in explaining the experiences of violence among women with physical disabilities.

3.5. JUSTIFICATION OF THE USE OF SOCIAL MODEL OF DISABILITY IN THE STUDY

The social model of disability was the suitable theoretical assumption to support this study. Approaching from the theory's point of view, violence women with physical disabilities experience can be argued to be the inability of the society to

accommodate differences or diverse conditions that humanity has (Mira, 2012:280). From the social model of disability's perceptions, attention is shifted from women with physical disabilities as persons with limitations, to how the society is limited in being inclusive and just. A critical review given in chapter two seem to reveal that, different categories of the society at times contribute to the experiences of violence with physical disabilities face. These include family set ups were women with physical disabilities experience financial abuse, sexual violence, neglect and deprivation (Daruwalla et al., 2013:4; Heijden et al., 2019:833; Neille & Penn, 2015:2854; Hasan et al., 2014:3114). Structural violence from broad societal systems such as health care centres and physical violence emanating from intimate partners (Ortoleva & Lewis, 2012:44; Hasan et al., 2014:3107).

Risk factors and coping mechanisms given in chapter two can be explained within the social model of disability's assumptions. Cultural barriers are an example of risk factors that have a high likelihood of resulting in discrimination of women with physical disabilities. Some cultures perceive women with physical disabilities as cursed and requiring cleansing (Neille & Penn, 2015:2852). These practices might result in the woman being physically harmed against their will and thus physical violence (Neille & Penn, 2015:2852). In social model of disability's terminology, cultural barriers do not exist in the biology (the impairment) but in the society, therefore the society needs to change its perceptions of women with physical disabilities.

Despite these risks, the society can as well be a shield for women with physical disabilities affected with violence. That is, through provision of support systems and empowering the victims to be able to cope. For instance, some women find support from informal networks of friends and family members (Shah et al., 2016:1203). There are platforms which are known to be disability user friendly with the aim of economically empowering women with physical disabilities to meet their needs and have improved standards of living (Heijden et al., 2019:844). These are coping mechanisms used by women with physical disabilities experiencing violence, which replicates the theory's provisions that the society should be accommodative and ensure full participation of persons with disabilities (Goering, 2015:135).

3.6. CONCLUSION

This chapter provided a thorough comprehension of the social model of disability, which is the theory this study was anchored on. The model was developed after the dominance of the medical model of disability that categorised disability as a problem found within an individual with an impairment. The social model therefore responded by arguing that, disability is an outcome of the barriers found in the society, which might be in families, communities or any other spaces outside the person with the impairment. With that given, the model established a fundamental distinction between impairments and disabilities, whereby an impairment is known to be a factor irreversible either acquired or congenital. However, disability is a changeable dimension moulded by the society that is, societal responses to a person with an impairment. Criticism of the social model of disability was also explored and it was postulated that the reality of the implications solely associated with impairments such as biological factors are given less attention as compared to the social related aspects relevant to persons with impairments, pointed to be the cause of creation of disability. Justification for the use of the model in the study has also been laid out. The following chapter discusses the research methodology used in the study.

CHAPTER FOUR

RESEARCH METHODOLOGY

4.1. INTRODUCTION

The previous chapters were based on introducing this research study, reviewing the literature available and the theoretical framework to support the topic at hand. The current chapter focuses on the research methodology used in the study. According to Maree (2016:36), it is crucial for the researcher to justify the reasons for using certain types of methods in carrying out research as well as thoroughly explaining how those methods were applied. Therefore, the qualitative research approach used will be elucidated, the type of research which is applied research is discussed and the research design. The other sections explore the strategies used to carry out the study, which are the study population and sampling, the data collection method, data analysis, how data quality was ensured, execution of the pilot study and the ethical considerations adhered to.

4.2. RESEARCH APPROACH

The research approach provides an overall guideline on how a research question should be tackled (Grossoehme, 2014:109). There are different forms of research approach and these are qualitative, quantitative and mixed methods (Cresswell & Cresswell, 2018:68). Qualitative research approach was used in this study and its purpose is of inquiring on the interpretations of social phenomena as experienced by relevant individuals in their natural living environments (Grossoehme, 2014:109). Qualitative approach is concerned with the perspective, standpoint or meaning provided by the participants pertaining to the matter being inquired on (Hammarbeg, Kirkman & De Lacey, 2016:499).

This study was justified to be rooted within the qualitative research approach as it sought to explore and describe the experiences of violence among women with physical disabilities in Tshwane Metro, Pretoria. The exploration was done through semi-structured interviews. The researcher aimed to gain insight into the circumstances of violence experienced through the participants' understanding. Accordingly, participants' explanations on the forms of violence and the events leading to the occurrences, aspects that perhaps increased the likelihood that is risk factors

and what the participants did to protect themselves and to eventually cope with the situations. Thick descriptions emanating from the exploration are provided in detail in chapter five of presentation and discussion of findings.

Qualitative research approach is associated with research designs such as case studies (Guest, Namey & Mitchell, 2017:3; Rubin & Babbie, 2013:250). In qualitative research, a phenomenon is studied within the natural context and interpreted in terms of how the participants give meaning, hence, excludes manipulation or experiment and control groups among participants as it happens in quantitative research (Maree, 2016:163). The meaning given is also attached to the living context, therefore, the researcher should be aware of the environment of the participants, which is part of their social reality. In support, De Vos, Strydom, Fouche and Delport (2011:66) posit that participants should express themselves in the language that they understand so that the researcher obtain genuine understanding of their world.

The participants in this study were interviewed in their living environments and the interview questions also intended to understand input linked to their contexts. For example, exploration of the structural type of violence emanating from the wider community, violence perpetrated against them by persons whom they share a living environment with and how one was able to cope with the support from their contexts such as family and friends. As such, the use of qualitative approach to the study enabled participants to provide input based on how they understood the occurrences themselves as well as the interconnectedness found within their natural settings.

Another reason for using qualitative research approach in this study was that, the process tends to be more flexible and emerging. De Vos et al. (2011:64) describe qualitative research as an approach that is more evolving, consisting of methods that have a possibility of changing the way they were thought to be applied. This links to the fact that, it is the participants' way of understanding and interpretation that is important in the process (Grossoehme, 2014:109). During the semi-structured interviews, some participants would explain the types of abuse they experienced together with how they coped before the researcher inquired about the coping mechanisms. The most important issue was to be able to grasp how the participant interpreted the events from her own perspective than to be able to provide responses

in the exact order the researcher had on the questions. Such evolving relates to the recommendation that, researchers should engage themselves in the complexity of the situation, interact with their participants and derive categories of information from the data leading to themes and patterns (De Vos et al., 2011:64).

Qualitative research is usually used to study a small number of cases but in an extensive manner (Maree, 2016:53). The participants of a qualitative research study have to provide input from their perspective and the meaning associated (Grossoehme, 2014:109). This feature was noted in this research, but at times resulted in the disadvantage of participants giving lengthy responses which were time consuming. Some of the responses were narrated in a way that would include other aspects unrelated to the study's inquiry. In the events of such, the researcher would redirect the participant to focus back on the relevant issue being discussed about at that moment.

4.3. TYPE OF RESEARCH

There are two types of research known as basic and applied research. Basic research is concerned with extending the knowledge base of a profession without attending to any immediate problems whereas applied research aims to help practitioners to address policy problems or any challenges encountered in practice (Bentley, Gulbrandsen & Kyvik, 2015:3). The type of research which was relevant to the purpose of this study was applied research. Applied research has an aim of improving understanding of a certain problem as well as generating solutions for the challenges faced (Guest et al., 2017:2). This type of research tends to be highly pragmatic and it is rooted within systematic and scientific methodologies (Guest et al., 2017:2). This shows that, applied research is more concerned with the suggestions that can be implemented on a practical level to address challenges experienced in a certain field of service delivery. To be able to obtain the required data for practical application, logical research methods must be used during planning and execution of the study.

In this study, applied research surfaced in the recommendations given by the participants in terms of how social workers can effectively assist women with physical disabilities who are experiencing violence. Besides the recommendations given, the research findings presented in chapter five might also help to raise the awareness that

all women are at risk of being exposed to violence. Therefore, practitioners like social workers should approach the challenge of gender-based violence in a non-discriminatory way, but to be mindful that it can befall any woman besides the condition that one might have.

4.4. RESEARCH DESIGN

A research design is known as a guide or a blueprint on the type of a study to be conducted and there are various forms of research designs such as case studies, experiments, phenomenology, narratives, grounded theory and ethnography (Creswell & Creswell, 2018:62). Case study was used in this study. The methodology aims to achieve and understand the uniqueness of a case, which can range from a person, a group, an organisation, a policy, a community among other aspects (Petty, Thomson & Stew, 2012:379). A greater insight is required into the case and in a qualitative study this involves an in-depth understanding of a case, obtained through open-ended interviews or other multiple sources of inquiry such as observations, documents and archival records (Rubin & Babbie, 2013:250; Petty et al., 2012:379; Maree, 2016:75). Another alternative definition of a case study states that it is an idiographic examination of a case to gather full evidence relevant (Rubin & Babbie, 2013:618). Interpreted that, a specific case can consist of certain characteristics that differentiates it from other cases and evidence is gathered through data collection to describe it.

Case studies are claimed to be the most effective way of understanding human phenomena as they enable learning through context specific examples (Shaw & Holland, 2017:11). Maree (2016:81) expands on the same notion by explaining that, a researcher can understand a phenomenon within a bounded context through using a case study. Therefore, it is clear that two factors are prominent within a case study research design, which are, an aspect being researched on and its context or the environment. It is recommended that there should be a boundary between a case and its context and a case is supposed to be assessed within some existing dimensions (Maree, 2016:81). These may include, time and place, time and activity as well as definition and context.

The cases of this study were women with physical disabilities of congenital or acquired in nature, who resided in Pretoria at the time of data collection. As such, these cases were already bound by time and place because during the time or period of data collection, the researcher targeted women who were living in Pretoria as the context relevant to the study. The cases were also bound by time and activity, as an example, at the time of data collection, some women were actively involved in initiatives relating to coping mechanisms. For instance, seeking or having had sought assistance after facing violence through therapy and seeking support from informal networks of family and friends. Other aspects which were binding the cases were definitions and contexts. The definitions generally relate to categories of information utilised in this study to achieve an understanding of matters concerning women with physical disabilities (cases) such as the types of violence and even defining the name of the context which is Pretoria in chapter one. From these binding aspects, the researcher was able to have a clear boundary between her cases and their contexts.

When reviewing a case, the pertinent context is of utmost importance. Thorough comprehension of a case is achieved when the researchers immerse themselves in the context being studied (Shaw & Holland, 2017:11). Meaning, a case tends to be intertwined with its context and proper understanding of each influences the same for the other. During data collection, the researcher ascertained that most women experienced violence as a result of some circumstances found within their living environments. For instance, the risk factors such as assumptions allied to women with physical disabilities emanating from the general society, which had a greater propensity of some women falling victims of violence. Therefore, it became clear that some types of violence experienced by these women and or the risk factors associated were heavily influenced by their living environments.

The type of case study appropriate in this research was the instrumental case study. Instrumental case study helps to provide an insight into the issue being inquired on through profound gathering of data and assessment of all features and activities involved (Lune & Berg, 2017:175). This can also result into an understanding of other external factors linked to the case. Since the intention is of obtaining greater acumen into the case of concern, attaining external information associated might enable accumulation of holistic data. Therefore, with instrumental case studies, the context

involved ought to be scrutinised (Maree, 2016:83). During data collection, the researcher at some point examined external related information as it was vital to obtain further understanding of the abuse that the woman went through. At several points, some participants mentioned how their families (immediate or extended) were involved either by contributing to the abuse or by being their refuge providing protection against violence. In those instances, the researcher would inquire more on family related issues to gain enhanced understanding of how they played a role in the phenomena. Thus, the cases were women with physical disabilities, but other outer dynamics were brought up which were imperative to the study.

4.5. RESEARCH METHODS

The following segment of work seeks to provide a description of the categories of research methods used in this study and how they were utilised to carry out the research. These include study population and sampling, data collection and analysis methods, features of data quality applicable to the study and the initial practical execution through pilot study.

4.5.1. Study population

Study population refers to the population of theoretical interest, thus, the assortment of elements from which the sample to interview is selected (Maree, 2016:192; Rubin & Babbie, 2013:160). The target population for this study consisted of women with disabilities living in Pretoria. Sampling procedure followed after the study population was established.

4.5.2. Sampling Strategy

Sampling is a process of selecting units from the population of theoretical interest and those units would make up the sample (Acharya, Prakash, Saxena & Nigam, 2013:330). Choosing a sample to include in a study is argued to be feasible as the complete coverage of the total population is rarely possible and more so, samples are known to be time and cost effective (Acharya et al., 2013:330). There are two main categories of sampling strategies known as probability and non-probability sampling methods (Maree, 2016:192).

The sampling process used in this study to attain the sample was purposive sampling, which is classified under non-probability sampling. Purposive sampling is a procedure of selecting elements from the study population based on their fit into the pre-selected criteria set (Daniel, 2012:7). The units chosen illustrates some features that are linked to the pre-selected criteria formulated by the researcher, therefore, the sample is based on the judgement of the researcher (Bertram & Christiansen, 2014:63).

In this study, the researcher initially contacted the participating organisation and explained her research focus to the manager. She had created her inclusion and exclusion criteria, which she presented to the manager since she works closely with women with physical disabilities accessing services at their organisation. The researcher was then referred to the Psychologist at the organisation, who linked her with women with physical disabilities experiencing violence. All the participants were contacted through telephonic calls due to covid-19 restrictions, to explain the purpose of the research. Upon understanding what the study aimed to do, ten participants chose to be interviewed through virtual platforms while the other two through face to face interviews. The participants who were interviewed through virtual platforms were emailed the consent forms or send by WhatsApp to sign and some consented through the affirmation of informed consent. Two participants who were interviewed face-to-face signed the consent forms on their own.

Women who met the following inclusion criteria were recruited:

- Females who were aged between eighteen and sixty years old.
- Woman who had either congenital or acquired physical disabilities.
- Women who were able to offer either written informed consent or verbal informed consent.
- Women who were living in Pretoria at the time of data collection.
- Women who were able to understand and speak English.
- Women who have experienced some form of violence in their lives.

The researcher also had exclusion criteria whereby certain aspects resulted in some participants not being able to take part in the study. These included the following:

- Participants with intellectual disabilities.
- Participants with hearing and speaking disabilities.

4.5.3. Sample

A sample is a subset of the study population to be actually included in the study and the motives behind having a sample are that, it is costly to include the entire study population and that more accurate data can be obtained than might have been if the whole population is included (Maree, 2016:192). The sample of this study was composed of twelve women with physical disabilities who met the inclusion criteria provided above.

Several points of view have been raised over the sample sizes that can be used in research studies. Sample sizes for qualitative research are usually smaller compared to those of quantitative studies (Dworkin, 2012:1319). A qualitative research study is more concerned with gathering in-depth meaning of a phenomenon from the participants, hence, with a small sample much data can be collected and making use of a large sample to obtain such massive information can cause challenges in processing, analysing and interpreting the data (Grossoehme, 2014:109; Dworkin, 2012:1319). Bertram and Christiansen (2014:63) give the opinion that, there is no clear-cut answer to the question of the size of the sample since it mostly depends on the purpose of the study. In this study, the sample size depended on factors such as the nature of the population in terms of homogeneity. That is participants had more similarities due to the inclusion criteria, although the circumstances surrounding the violence faced differed. More so, the factor of anticipated ability of reaching data saturation.

4.5.4. Data collection

The researcher collected data using semi-structured interviews with the guide of an interview schedule (see APPENDIX F: Data Collection instrument). In a research interview, the participant is the source of knowledge on the topic being inquired on and the aim of the interviewer is to obtain much of that knowledge in the time allocated (Morris, 2018:3). Semi-structured interviews have a line of inquiry developed by the researcher before the interview session (Maree, 2016:93). The structure of the interview schedule does not have a fixed set of responses were the participants have to choose from, rather there will be open-ended questions that participants will be responding to. The guide and sequencing of questioning tend to be flexible as the interview session usually evolves to become participant led (Roulston & Choi, 2018:2).

Bertram and Christiansen (2014:76) explicate that open-ended questions gives the participant space or time to provide detailed explanations to the question asked by the researcher.

Before commencing with the interviews, the researcher first obtained ethical clearance from the University of Pretoria, which gave her permission to start contacting participants for possible data collection. As suggested by Roulston and Choi (2018:6), prior to conducting interviews with the participants, researchers are supposed to obtain approval to engage with human subjects for data collection from the ethical review boards they are associated with. The documents that the researcher submitted for ethical review also included the formulated interview schedule, which consisted of six sections of questions in line with the objectives of this research. The guide had a funnel structure whereby broad biographical related questions were focused on first as a way of easing participants into the study, other subsequent sections gradually became more specific in questioning with relation to the objectives of the study as a general guideline. Morris (2018:5) supports the above step taken by the researcher by elucidating that, questions that are more sensitive and specific to the study should be placed at the middle or towards the end of the interview.

During the interview, the researcher made use of a recording device to accurately capture all the responses given by the participants, to be able to have additional information apart from the one that she was writing down and to later use the information for transcription purposes. Due to covid-19 related risks, some participants preferred to be interviewed using virtual platforms such as zoom, telephonic and WhatsApp calls. Using such platforms classified the interviews as synchronous, which resembles or mirrors face-to-face interviews, but the medium of communication being virtual (James & Busher, 2014:4). For the participants that were interviewed face to face, protective measures were adhered to such as wearing of a mask, sanitising of hands and keeping of social distance. The interviews varied between forty-five minutes to an hour.

Using semi-structured interviews for data collection brought about notable advantages for the researcher and the participants. The researcher had an opportunity to probe whenever necessary during the interview to get more relevant information and

clarification from the participants. According to Morris (2018:9), when using open-ended interviews, the researcher can probe to ask the interviewee to expand on a given response or even ask for examples when necessary. Hence, probing during the interview session was one of the advantages of interviews that the researcher experienced. Another advantage was related to the fact that the participants also sought clarification from the researcher and the researcher would re-phrase the question to make it more understandable in a way that helped to acquire relevant and useful data. Bertram and Christiansen (2014:83) designate interviews as advantageous because the researcher is present during the session, acting as a guide and helping with issues of ambiguity.

4.5.5. Data analysis

After data collection, the recordings obtained during interview sessions were transcribed to textual information. The textual data was then analysed using thematic analysis. The purpose of using thematic analysis is of seeking and identifying themes within the collected data (Bold, 2013:10). Hence, thematic analysis centres on the information that is substantial in the collected data to formulate themes that will be used to address the research question and objectives. When using thematic analysis, six crucial steps guide the researcher in producing quality analysed data than data that is just summarised (Maguire & Delahunt, 2017:3352). As such, thematic analysis transcend recitation of what has been said by the participants in the interviews, to interpreting and ascertaining even underlying assumption to create themes. Six steps guided the researcher during data analysis and formulation of themes. These are, familiarising yourself with your data, generating initial codes, searching for themes, reviewing themes, defining and naming themes and producing the report (Clarke, Braun & Hayfield, 2015:230).

Step One: Familiarising yourself with your data

The first step in the thematic analysis process is of immersing with the collected data (Cartwright, 2020:8). Engagement with the data begins from the early stages of transcription, then the subsequent multiple reading of the transcripts to obtain the meaning (Braun & Clarke, 2012:60; Cartwright, 2020:8). Braun and Clarke (2012:61) recommend the researcher to listen to the audio recordings and read through the data

with a critical and questioning mind-set so as to capture the other underlying assumptions not just the obvious meaning given.

Transcription was done through carefully listening of the recorded interview sessions and typing accurately into textual data. The researcher started reading through the data during the time of transcribing. She initially began to notice some parts of the data that were relevant to the objectives of this study, which are the types of violence, risk and protective factors, coping mechanisms and recommendations for social workers. Upon completing each transcription, the researcher would re-read the textual data for an in-depth understanding. However, it was noticed that some information was not so apparent in terms of its link with the order of the objectives. For instance, some participants would also include risk factors related information when they were narrating about the types of violence that they have experienced. The researcher would then do casual note making to indicate that a risk factor was mentioned at a certain type of violence. As such, during the time of coding, the causal note making also helped the researcher not to leave out any possible data pertinent to each objective.

Step Two: Generating initial codes

After getting acquainted with the data, the researcher obtained an understanding of parts of the data that were fitting with the objectives and interesting, which resulted in the generation of initial codes. The creation of codes enables the researcher to reflect on the data in a way that will simplify and facilitate concentration on the precise characteristics of data (Nowell, Norris, White & Moules, 2017:6). During this step, important segments of data are identified and labelled in different ways in their link to the research question (s) (Nowell et al., 2017:7). Maguire and Delahunt (2017:3355) propose that coding can be done in a variety of ways and it is mainly influenced by the researcher's preference and the research question(s). The key point is that the type of coding used should be able to help the researcher organise data in a meaningful and logical manner, which will pave a way for searching and establishment of themes in step three.

On this step, the researcher coded her data by highlighting information from each transcript relevant to each objective, then copy and paste it into a separate Microsoft

word document. Each section of data linked to the objectives was highlighted with a unique colour and heading notes were made in bold to describe what the code was about. As an example, sexual violence was highlighted with a green colour and indicated with heading notes in bold if it is sexual assault or rape. More so, relevant casual notes obtained in step one of data familiarisation were also added to each code when necessary. The document will then be saved with a name associated with the heading of the code and the objective, for instance, sexual related violence. Each new document therefore represented a code, nonetheless, with data described in the participants' original responses known as descriptive codes (Braun & Clarke, 2012:61).

Step Three: Searching for themes

Although the step uses the term searching, the theme does not already exist as the researcher's task is to formulate any possible pertinent theme guided by the coded data acting as building blocks for thematic mapping (Clarke et al., 2015:236, Braun & Clarke, 2012:61). Searching for themes is known as an active process, whereby themes are constructed not discovered (Braun & Clarke, 2012:63). Therefore, researchers should pay attention not to summarize participants' data from codes to make themes. A theme should be underpinned by a key analytic point, whereby the coded data is integrated and interpreted in a systematic way (Clarke et al., 2015:236). Themes can consist of different overarching themes, which gives an overall idea and the related sub-themes that provide more detailed explanations to support the main theme (Hawkins, 2018:2; Clarke et al., 2015:236).

In the context of this study, several themes were formulated stemming from the coded data in relation to the quest of the study. The researcher read through the coded data and searched for information from different codes that had somehow same meaning or overlapped. For instance, some parts of the data for protective factors and coping mechanisms. Such information would be unified with a central organising point to develop distinct and quality themes. Alternatively, some themes were extracted only from a single code without being linked to data from any other codes, for example, sub-themes under the theme of forms of violence experienced.

Step Four: Reviewing themes

At this stage, the themes developed in step three are reviewed in relation to the coded data as well as the complete data set (Braun & Clarke, 2012:65). This initiative helps the researcher to verify if the themes are supported by the available data or diverting (Cartwright, 2020:9). The stage tends to be a continuous process, which goes back and forth until the researcher reaches satisfaction with the themes created (Nowell et al., 2017:9). The first evaluation of themes is done by comparing to the coded data (Clarke et al., 2015:236). With this task, two outcomes can be revealed, which are refinement of some themes or the codes. Nowell et al. (2017:9) expound that at this phase, the researcher might discover that some information in the themes is not covered by an existing code or that some themes are lacking more support from the codes. Therefore, required modifications follow, whereby some themes may completely be deleted or other changes will be done such as merging or separation of themes. More so, some codes may be discarded or transferred to fit in the other themes (Braun & Clarke, 2012:65).

The other essential review is done to verify if the themes fit in the framework of the whole data set (Maguire & Delahunt, 2017:3358). The researcher is recommended to reflect if the themes developed make sense or fulfil the overall research as the research topic also plays a fundamental role in theme creation (Morris, 2018:9). Relevant alterations might be needed so that the themes capture the meaning of the entire data set. During the reviewing stage, the researcher took the task of re-reading the entire data set and the coded data. After that, she assessed her themes to see if they were complementing the coded data and if the coded data had enough information to support the themes she had created. The task helped in adding more input in the description of the themes. The other step taken was to identify the fitting of the codes and the themes into the research question and the objectives. The researcher made minor changes and proceeded to step five of thematic analysis.

Step Five: Defining and naming themes

The step is known as the final refinement of the themes, whereby the researcher outlines the aspects of the data indicated in each theme and the interesting points (Nowell et al., 2017:10; Maguire & Delahunt, 2017:3351). A brief holistic explanation

is given to each theme in terms of what it covers, the subthemes associated and how they are interconnected (Maguire & Delahunt, 2017:3351). Thus, the scope of each theme is provided, which is usually done in fairly short descriptions that reveals the essence and boundaries of each theme (Clarke et al., 2015:240). At this stage, the researcher will be prepared to write up the results through interpretive commentary and the analysis of the themes in terms of their coverage and the boundaries (Braun & Clarke, 2012:66).

Another important task in this step is of naming the themes and the names given should help in informing the readers immediately of what the theme is about. The names given for themes should encompass data that fits in the codes as well as the research question (Vaismoradi, Jones, Turunen & Snelgrove, 2016:106). Implying that, step five can be depicted in form of a pattern consisting of an appropriate name for a theme, a brief detailed description of the features supporting the name given, any sub-themes associated and boundaries. Nonetheless, the pattern being concise, informative and properly feeding into the quest of the entire research. Since the themes are at the threshold of full development, rectification of the themes can also be done at this stage so that certainty of the final themes can be achieved (Vaismoradi et al., 2016:106).

During step five, the researcher appropriately named the themes based on the available coded data that was reviewed in step four. The researcher then proceeded to elaborate on relevant data under each name. The data extracts under each theme were scrutinised, explained more within the inferences of the sub-themes, which resulted in saturation of the themes. As such, the story of each theme was clearly indicated with clear boundaries demarcated to avoid overlapping. The themes were also backed up with literature connotations to enable holistic assessment of the study's findings, which is shown in chapter five.

Step Six: Producing the report

The researcher focuses on producing a final report at this stage but writing up will have already started in the early phases such as familiarising notes, coding, searching and definition of themes (Terry, Hayfield, Clarke & Braun, 2017:25). All these steps contribute to the writing of the final analysis, which in this study is the dissertation. At

times, there seem to be a blurry line between the writing up of step five and six (Braun & Clarke, 2016:67). Terry et al. (2017:25) addresses such concerns by clarifying that, although the two are interwoven, step six usually consist of a unique ultimate period of focus and enhancement, whereby the researcher interlaces together transcribed coded data, defined and named themes and the appropriate connection to the available literature into an outcome that answers the research question (s). Therefore, producing the report is synonymous to the establishment of the bigger picture of the overall research.

Additionally, the researcher should pay great attention to the order of how the themes are presented (Braun & Clarke, 2012:69). The order of presentation should be accompanied by direct quotes from the participants, which aid in understanding the interpretive commentary (Nowell et al., 2017:11). In the context of this study, the following features were evident in the writing up: defined and named themes, described themes and subthemes, support from extracts of raw data which is the codes, comprehensive analysis or interpretation and the related scholarly literature, which all fed into the quest of the study. Nowell et al. (2017:11) validates these actions by articulating that, when the researcher intertwines literature with the findings, the report produced stands with value.

4.6. DATA QUALITY

Trustworthiness determines data quality in qualitative research and it should be part of the findings, data analysis and the final report produced (Maree, 2016:123). This feature is associated with the truthfulness of the research, its consistency, applicability and the degree of neutrality (Amankwaa, 2016:121). Trustworthiness consists of four criteria which will be discussed below and how they were applied in this study.

4.6.1. Credibility

The criterion ensures that the researcher and readers have confidence in the truth of the research findings (Anney, 2015:276). To achieve credibility, the researcher must make certain that the findings are congruent with reality and that the reader will believe the findings (Maree, 2016:123). Credibility helps to determine if the research results represent reasonable information extracted from the participants' input and to

safeguard that the interpretation done in writing up is within the lenses of the participants' original points of view. Several strategies can be used to ensure credibility. In this study, the researcher's first port of call was of formulating a research topic, appropriate research methods to inquire on the topic, a research design properly fitting with the question and a theoretical framework to support the intended process. Thereafter, the methods were practically applied to inquire on the topic through prolonged engagement of the researcher with the participants during data collection and analysis. In general, prolonged engagement with the participants enables the researcher to attain an in-depth insight into the context of the study, which minimizes possible misrepresentation of information (Anney, 2015:276).

Engagement with the participants did not only end at the data collection time as the researcher kept contact with them to acquire more possible needed information and to obtain assistance at some points during interpretation and analysis. These are known as member checks, whereby participants have to verify if the research findings really represent their experiences (Treharne & Riggs, 2014:58). Other procedures that helped in attaining credibility were the frequent debriefing sessions between the researcher and her supervisor. In that way, she would provide her supervisor with information on how her research was progressing and any areas of uncertainty. The supervisor would then offer valuable input in ways of tackling challenges that were experienced more especially during data collection phase.

4.6.2. Transferability

The criterion that enables the readers of the research to determine whether the research findings can be transferred to their own contexts or if they are in harmony with their own experiences (Treharne & Riggs, 2014:58; Maree, 2016:124). The core point in transferability is that, qualitative research is not based on generalisation as it rarely selects samples randomly (Maree, 2016:1230). Instead, non-probability sampling methods are regularly used as the researcher will have a certain target of the suitable sample required to properly find out on the research intended. In this research, purposive sampling was used to select the sample needed. The researcher selected a sample of women with physical disabilities, who have experienced violence or abuse in their lifetime and many other aspects in the inclusion criteria provided under the section of study population and sampling above.

The participating organisation had knowledge of the potential participants of this study through the help of their psychologist. As such, the researcher was linked with women who were willing to participate. The researcher provided a thick description of the procedures taken and the related findings that went through several phases of refinement through member checks during data collection and analysis tasks. Therefore, the readers of the research such as the participants themselves and any other women with physical disabilities facing violence might be able to relate well with the experiences revealed in this study. More so, readers in the women empowerment field and disability sector might be able to take the decision of transferability.

4.6.3. Dependability

The principle that refers to the consistency shown in the data over time and dependability is closely interrelated to the criterion of credibility (Cope, 2014:89). Dependability seeks to establish if similar findings will be obtained when the research is undertaken by another person (Treharne & Riggs, 2014:58). There are diverse ways that can be used to ensure dependability and these include audit trial, peer examination, step wise replication and code-recode strategy (Connelly, 2016:435; Amankwaa, 2016:122; Anney, 2015:279). In this study, the researcher kept records or notes of all the decisions and activities taken in this study to assist with the audit trial. The notes for the procedures taken are indicated in different chapters of this research as well as some notes kept in rough draft journals. For instance, preparation of the study was done in writing during the proposal phase and the practical application is shown in this chapter as well as chapter five and six. Other documents were formulated such as interview schedules and consent forms that were used during data collection as well as transcripts from the participants' input obtained after data collection. Therefore, a combination of this paper work provided evidence of the process of the study and the reasons for supporting the decisions that the researcher took.

Code-recode strategy was also used to ensure dependability whereby the researcher coded the data twice with a time period of two weeks in-between. Anney (2015:279) gives the opinion that the results from these two steps of coding are compared to verify

if they are same or different. The researcher acquired similar information using this strategy, which enabled her data to meet the consistency facet that confirms dependability (Cope, 2014:89; Treharne & Riggs, 2014:58; Amankwaa, 2016:122; Connelly, 2016:435). Peer examination was also utilised, which is akin to member checks of the credibility criterion (Treharne & Riggs, 2014:58; Anney, 2015:279). The researcher held a discussion with a master's student who has experience in doing qualitative research to also assess her study and the related findings. The student helped in verifying if the results were making sense and linked to the participants' data and overly answering the research question.

4.6.4. Confirmability

The criterion is associated with the degree of neutrality in the study's findings that is, the extent to which the findings are shaped by the participants' views not the researcher's bias or interest (Maree, 2016:125). It is known that the more the researchers have prolonged engagement with the participants, the greater the risk of their own predispositions influencing the study (Maree, 2016:125). The researcher is therefore recommended to take caution and ensure that the findings are clearly derived from the data provided by the participants during the interview phase (Anney, 2015:279). To reduce the risk of researcher's bias in this study, member checks were relied on during the time of transcription and data analysis. Other steps to meet confirmability include audit trial, reflexive journal and data triangulation (Connelly, 2016:435; Maree, 2016:125; Amankwaa, 2016:122). The audit trial method used to ensure dependability was also utilised to verify if at some point data was not distorted or consisting of the researcher's bias and if the procedures envisioned at first were applied.

4.7. PILOT STUDY

A pilot study is known as a small-scale research study executed to test the practicability of the methodology that will later be used in the main inquiry (Hemming, 2018:2; Janghorban, Roudsari & Taghipour, 2014:3). This can be done for both qualitative and quantitative research and it is known to be useful in testing the research design, methods and data analysis (Hemming, 2018:2). Conducting a pilot study has advantages for the researcher as problems in the data collection instrument can be

identified early and resolved (Bertram & Christiansen, 2014:77). As such, the researcher saves much time and avoids challenges in the future study. The sample size for a pilot study need not to be large or be of exact number as the one to be included in the main study (Hemming, 2018:2). With a small sample, the researcher will be able to assess the feasibility of the intended research and areas of obscurity.

In this study, the researcher first planned her research endeavours theoretically, which went through ethical clearance. After obtaining ethical clearance from the university, she then contacted the participating organisation to start with the purposive sampling process, thus, generally the practical phase. The manager of the organisation linked the researcher with their psychologist, who had much knowledge on the potential participants for the research. As participants were recruited, the researcher initially contacted only two to do her pilot study and these were women aged twenty two and thirty eight living with physical disabilities. The researcher explained the focus of her research and emailed them consent forms to sign as the interviews were done virtually. An interview schedule containing open-ended questions of the study was used during the interview.

As the interview proceeded, the researcher paid attention to how participants responded to the questions presented to them and made notes aside. The participants responded in a way that provided answers for some sections before the researcher even asked questions related to that section. The researcher made sure not to interrupt the participants and let them include all the information they wanted and later arrange it to the rightful sections. For instance, a participant would tell a story about how they experienced certain type of violence and how they dealt with it, which answers the questions of types of violence faced and the ways of coping. In that case, when the researcher gets to the part of asking coping mechanisms, she would just ask in case the participant had more to add.

Another aspect gathered was that the participants struggled to understand the risk factors question, which however the researcher re-phrased to make it simpler and more understandable. The researcher also took the decision of asking at the end of each interview if the participant had anything else to add, which also enabled her to obtain more relevant input. The data collected during pilot study was transcribed and

coded to verify if the information provided can be linked to the objectives. The pilot study data was included in the main inquiry as it yielded quality results and that the organisation struggled to link the researcher with more willing participants to take part in the interviews.

4.8. ETHICAL CONSIDERATIONS

Ethical practices are crucial in various research disciplines and these are standards that aim to protect the participants or any other persons involved in the research (Lichtman, 2017:5). In this study, numerous ethics were adhered to and they will be discussed below.

4.8.1. No harm to the participants

Although the phrase harm is often perceived or thought to be physical, literature shows that it can also imply psychological (Israel, 2015a:2). This principle is regarded as the keystone of ethical considerations because for the participants to be able start responding to the study's inquiry or to continue, their well-being should not be harmed in any way (Lichtman, 2017:5). Therefore, researchers should plan their studies with the caution of ensuring that participants will not be harmed. In social science research, harm might be associated with psychological distress, discomfort among the participants to open up and probably assumption of invasion of privacy. The current research had no risk of any possible physical harm. However, the possibility of emotional distress was contemplated when the researcher was planning the study as well as during the implementation stage.

The research focused on violence or abuse women with physical disabilities experience. The researcher was concerned with the possibility of emotional distress when the participants recall experiences of violence they have experienced especially during data collection. To minimize the risk, the participating organisation offered counselling services through their psychologist for participants that might have needed it. As a result, before and at the end of an interview, each participant was asked if they might need counselling and for those who needed were referred to the psychologist. During the interviews, most of the participants were comfortable to share their experiences and even expanded more when the researcher asked. Two participants

mentioned that they needed counselling and were immediately referred to the psychologist. Other applicable safety measures taken in this study were of reducing the risk of covid-19. These safety measures were adhered to when face-to-face interviews were conducted through wearing of masks, keeping of social distance and sanitizing hands.

4.8.2. Informed consent

Before commencement of data collection, it is mandatory that participants agree to take part in the study on their own terms or willingness (Israel, 2015b:2). The agreement is obtained through the informed consent, which is a form that describes what the research constitutes of and it is the researcher's duty to disseminate the information on the form to the participant (Israel, 2015b:2). After being informed fully about the research's focus, the participant had to decide if they are interested to participate and agreement to do so will be indicated by signing of the informed consent. The researcher is therefore supposed to explain to the greatest extent possible so that participants know exactly what is involved in the study when they sign the form (Lichtman, 2017:8). Thus, the researcher should inform the participants about the nature of the study, its purpose, methods being used, what influenced it, possible risks involved and what the findings will be used for (Israel, 2015b:2).

In the context of this study, an informed consent and affirmation of informed consent were created. The informed consent was signed by participants who were able to physically write on their own, without being affected by their disability or that they had means to be able to sign online if the interview was done virtually. The forms had the following categories of information: the title of the study, purpose of the study, brief details of supporting literature, the use of an interview schedule and the different types of questions, the possibility of emotional distress, no direct benefits involved, voluntary participation, the use of a digital recorder, confidentiality and anonymity. Before beginning any interview, the researcher would explain this information to the participants and for those who were able to sign on their own, consent forms were emailed or sent via WhatsApp platform. For the participants that could not sign, they gave verbal consent and authorised the researcher to write their names on their behalf, details of the witness and put initials as signatures on the affirmation of informed consent.

4.8.3. Anonymity and confidentiality

It is argued that when the researcher keeps the information of the participant anonymous, confidentiality is also being built on (Shaw & Holland, 2017:17). Babbie (2017:67) defines anonymity as an act whereby researchers identify with the participants during the time of data collection, but however, refrain from doing so when the findings are published. At the time of data collection, the researcher might know the actual name and personal details of a person, nevertheless uses a pseudonym. The coded data included in the presentation of findings in chapter five are therefore attached to a pseudonym. In that way, the researcher protected the participants from the possibility of being identified by the readers of the research.

As indicated above, confidentiality can be managed through anonymity (Shaw & Holland, 2017:17). Other steps include, changing direct identifying information given during the interview such as names of institutions, addresses of a person. Shaw and Holland (2017:17) assert that researchers should pay attention not to include too much of identifying information, rather to change it. In this study, at the beginning of every interview, each participant was asked to give a pseudonym to protect their identity. During transcribing, some identifying information such as names of schools given by participants were just indicated as a school or an educational institution. Participants were informed that data collected will only be used for research purposes and the academic supervisor and examiners will have access to it for the purpose of guiding the researcher. It was also disseminated that the recorded data will be kept in the archives of the University of Pretoria for Research for a period of fifteen years and after that destroyed.

4.8.4. Permission to conduct study

Before a researcher collects data or engage with the participants, permission is required from an associated research ethics committee (Hunter, 2019:3). A research ethics committee is a board that serves the purpose of reviewing the prospective research planned, thus the topic that the researcher intends to inquire on, the gap found and literature supporting, types of participants needed and how they will be obtained as well as the importance of the whole outcome (Hunter, 2019:3, Lichtman, 2017:22). Hence, the process is a prerequisite before the researcher implements the contemplated study.

In this study, the researcher prepared the documents that were supposed to be reviewed by the Research Ethics Committee of the Faculty of Humanities at the University of Pretoria. These included an assessed proposal, an interview schedule, informed consent and affirmation of informed consent and approval letters from the participating organisation. The paperwork was uploaded for review by the committee through the university's student portal and after a thorough assessment, the researcher was granted permission to collect data (See Appendix A: Research Ethics Committee Approval). Furthermore, the researcher also required permission from the participating organisation that played a role of linking her with the rightful participants. She drafted letters asking for assistance to the founding chairperson of the organisation and the psychologist to assist with debriefing and counselling of the participants. The chairperson and the psychologist replied with the authorisation letters, which were also reviewed by the research committee as explained above (See Appendices B & C).

4.8.5. Voluntary participation

The ethics related to voluntary participation are concerned with the fact that, participants should not at any point be coerced to take part in the research (Shaw & Holland, 2017:10). As described above, it is the researcher's duty to provide participants with the informed consent and explain it in full (Israel, 2015a:2). The decision to agree to be interviewed and sign the form is based on the participant's own will or voluntary consent (Vanclay, Baines & Taylor, 2013:17). Another significant aspect is that a participant can agree to take part in the research, but withdraw her consent during the course of the interview (Hamilton & Whittier, 2013:8; Vanclay et al., 2013:17). If such scenario happens, the researcher should not forcefully influence the participant to continue or to bribe in any way. In this study, the informed consent had a section explaining that one's participation is entirely voluntary. The researcher explained in detail to each participant that they should take part according to their own will and if at any point decides not to continue, they were free to do so. The data that would have been collected by that time will be destroyed and not to be included in the study.

4.8.6. Competence of the researcher

Research competence is an ethical requirement essential to conducting research involving human beings (Somers & Olsen, 2017:129). There are various features that should be allied with the researcher's proposed study to indicate competence required. For instance, the researcher's appropriate research knowledge, skills and experience (Somers & Olsen, 2017:129). This can be shown through the researcher's ability to design suitable methods to achieve the goals of the study and to be able to refine some parts as needed during the process. The researcher should also be supervised by academic personnel who has more competence, the appropriate qualifications and experience. To meet the required competence in this study, the researcher sought continuous guidance from her academic supervisor, who guided her from the inception of the study till the end. The supervisor advised the researcher in accordance with her qualifications and experience, which helped the researcher during the time she was planning her work, during data collection and analysis. The researcher's competence was also assessed during the ethical review of her work, which to some extent indicated that her research endeavours were in the right path.

4.8.7. Publication of findings

Publication of findings is more related to accuracy and truthfulness in reporting the findings of the research (Lichtman, 2017:8). Generally known as the way the results are published or reported (Maree, 2016:44). The researcher to first be certain with the research design and the methods to be used to execute the study in order to fulfil the study's inquiry. The results that are therefore obtained using the methods chosen should be reported as they are without any distortion or exaggeration. To address the possibility of fabrication of data during publication of findings, the researcher can make use of member checks that ensures credibility, dependability and confirmability of a study as indicated in one of the sections above (Treharne & Riggs, 2014:58; Anney, 2015:279; Amankwaa, 2016:122).

Thus, the study should be based on the findings that have been verified by the participants themselves to confirm if they are centred on their original input. To incorporate truthfulness in her publication of findings, the researcher wrote all her intended aims during the proposal stage and expanded more in the subsequent chapters such as chapter four, five and, six, which relied much on utilising the research

methods of the study. The researcher's work is backed up by substantial literature review that served the purpose of indicating the gap as well as supporting the data collected. Member checks were carried out to ensure data quality, which upon reporting of the complete work resulted in actual and untampered findings of the study.

4.9. CONCLUSION

Chapter four focused on the research methods used in planning and implementation of the entire study as well as justification for utilising those methods. The appropriate research approach which guided the study was qualitative research. With the use of qualitative research, the researcher aimed to understand the phenomenon of inquiry from the participants' points of view, which provided enormous information and recommendations to use as applied research. Thus, the findings may help with addressing mishaps in the women empowerment sector, pertaining to discrimination or stereotypes women with physical disabilities do not face violence or abuse. Case study was the research design relied on which focused on an individual participant's circumstances and the associated context or the environment. Participants were recruited through non-probability purposive sampling method, whereby the researcher had an inclusion criterion she used in selecting the suitable sample required to interview.

To collect data, semi-structured interviews of open-ended questions were used. As the study focused on the meaning the participants gave to the violence experienced, open-ended questions helped in obtaining in-depth information to explore and construct detailed descriptions of their social reality. After obtaining data through the interviews, transcription and coding was done and it enabled the researcher to properly analyse the data using thematic analysis. To ensure data quality, several strategies were applied to verify the data through the criteria involved. The researcher more so reported on how she carried out pilot study in preparation for the other succeeding interviews. This chapter also provided a thorough explanation of the ethical considerations adhered to so as to protect human participants that were involved as well as producing research of value. The next chapter focuses on the presentation and discussion of findings.

CHAPTER FIVE

PRESENTATION AND DISCUSSION OF FINDINGS

5.1. INTRODUCTION

The goal of this study was to explore and describe the experiences of violence among women with physical disabilities in Tshwane Metro, Pretoria. The associated objectives were:

- To conceptualise and contextualise violence against women with physical disabilities in South Africa.
- To explore and describe the forms of violence women with physical disabilities in Pretoria experience.
- To explore and describe the risk and protective factors associated with violence against women with physical disabilities in Pretoria.
- To explore and describe coping mechanisms that women with physical disabilities in Pretoria use after experiencing violence.
- To recommend intervention strategies that social workers can use to assist women with physical disabilities experiencing violence.

In this chapter, the findings of the study which were obtained through the semi-structured interviews are presented. The findings are provided in form of the themes and sub-themes that were developed during data analysis. These themes and sub-themes are discussed in relation to the significant literature as well as the theoretical framework used in the study, which is the social model of disability. Direct quotations from interviewees are also used to support the main themes and sub-themes. Firstly, the biographical information of the participants is described then the themes and sub-themes are presented.

5.2. BIOGRAPHICAL INFORMATION OF THE PARTICIPANTS

This study had a sample of twelve women, who were selected using non-probability purposive sampling method. Women with physical disabilities were only focused on as they are highly vulnerable to violence and literature specifies that at times, they experience violence on a daily basis and more than men with disabilities (Dowse et al., 2016:342; Plummer & Findley, 2012:16). The biographical information of the participants is shown in Table 5.1 below. The age of the participants ranged between

twenty two and thirty eight years and they all had experienced some form of violence or abuse in their lifetime. This age range is that of early adulthood phase (Louw & Louw, 2015:4). Eleven participants were black, one was white and they were all South African citizens. Participants spoke different native languages of South Africa, with the majority speaking Zulu and Sesotho. Only two participants were married and the majority were of single marital status.

Table 5.1: Biographical information of participants

	Pseudonyms	Age	Race	Home language	Marital status	Highest qualification	Employment status	Type of disability
1	Olivia	38	white	English	Single	Tertiary level	Employed	Cerebral palsy
2	Susan	22	Black	Tsonga	Single	Grade 12	Unemployed	Visually impaired
3	Meg	26	Black	Zulu	Single	Tertiary level	Employed part time	Cerebral palsy
4	Alicia	36	Black	South Sotho	Single	Grade 11 & ABEIT	Unemployed	Visually impaired
5	Amanda	33	Black	Tsonga	Single	Grade 12	Unemployed	Visually impaired
6	Kgabo	33	Black	Sepedi	Married	Tertiary level	Employed	Paraparesis
7	Lindy	35	Black	Zulu	Single	Tertiary level	Employed	Cerebral palsy
8	Nikiwe	25	Black	Xhosa	Single	Grade 12	Unemployed	Visually impaired
9	Pretty	30	Black	Xhosa	Single	Grade 12	Unemployed	Visually impaired
10	Kane	28	Black	Sesotho	Married	Grade 12	Self-employed	Visually impaired
11	Anna	22	Black	Zulu	Single	Grade 12	Unemployed	Visually impaired
12	Sarah	33	Black	Sesotho	Single	Grade 11	Unemployed	Hemiplegia

Further, most of the participants (six) had a highest qualification of grade twelve or matric. Four had tertiary or university qualifications and two participants had grade eleven. The sample had seven participants who were unemployed for various reasons such as, being in the process of completing grade twelve studies, others were still studying for a tertiary level qualification and also generally struggling to get employment. A few participants did vocational education and training programs after grade twelve and were looking for permanent employment. One participant was self-employed and finishing her university degree. The educational levels of the

participants seem to reveal what Moodley and Graham (2015:27) articulate that, women with disabilities have lower levels of education as most of the participants attained grade twelve only. In terms of the types of disabilities, seven participants were visually impaired and three had cerebral palsy, one had paraparesis and the other one had hemiplegia.

5.3. AN OVERVIEW OF THEMES AND SUB-THEMES

Table 5.2 below gives an outline of the themes and sub-themes that emerged from the data. Five themes were identified with their sub-themes.

Table 5.2: Themes and sub-themes

Themes	Sub-themes
Theme 1 Forms of violence experienced	1.1 Physical violence during childhood and early adulthood phase 1.2 Sexual violence as rape or assault 1.3 Emotional violence as a consequence of disability stigma or other types of violence 1.4 Escalation of financial abuse through assistance 1.5 Structural violence from different socio-economic systems 1.6 Inability to meet one's needs because of neglect
Theme 2 Risk factors and the increased likelihood of violence	2.1 Assumptions allied to women with physical disabilities 2.3 Non-disclosure of the violence experienced
Theme 3 Protective factors	3.1 Disclosing violence 3.2 Self-acceptance 3.3 Support from significant others
Theme 4 Coping mechanisms	4.1 Relying on informal networks 4.2 Obtaining professional help 4.3 Being empowered
Theme 5 Suggestions on social work interventions with women with physical disabilities experiencing violence	5.1 Sensitive interventions 5.2 Intervening within the responsible families 5.3 Enhancing dignity

5.4. THEME 1: FORMS OF VIOLENCE EXPERIENCED

The data obtained during the interviews indicated that all the participants in the study have been exposed to some form of violence in their lifetime. Some women experienced violence in their childhood (three) and some both as children and as

adults (three). The other six women solely experienced it in their adulthood phase. Heijden et al. (2019:828) cite that in South Africa, most women have either experienced or will experience abuse in their lives. As such, each of the twelve women interviewed in this study were victims to one or more various types of violence such as physical, sexual, emotional, financial, structural violence as well as neglect and deprivation. However, these experiences were surrounded by unique circumstances of causes. The following sections present the sub-themes derived from the theme of forms of violence experienced by participants.

5.4.1. Sub-theme 1.1: Physical violence during childhood and early adulthood phase

One of the forms of violence which was mentioned by participants was physical violence. Three participants in the study mentioned that they experienced physical violence in their lives. Two highlighted that they experienced it during their childhood stage and the other one in her early adulthood phase, around the age of nineteen years. The environments where the violence was experienced were at school, home and in public.

One of the participants reported that she was physically abused by house mothers and teachers after reporting a case of sexual abuse. She said:

After supper, the house mothers called me and asked me what had happened. I explained everything and what he did to me and how he did it you know... so after I explained that, the house mothers beat me, they said I'm sleeping with elder people. After beating me, the following day, the teachers also called me and asked what happened. I explained everything to them, they also beat me (Alicia, visual impairment).

Another participant faced physical abuse as a child from the home environment:

My mother passed on and I don't really know my father, only heard that he passed on as well. So, I went to stay with my aunt who is sister to my mother, who then at some point started physically abusing me. She started hitting me. The process it would obviously leave me wounded because she would hit me in places where no one would see the wounds or the bruises.

Often it would happen when I come from school having lost something or maybe teachers would tell her that academically I'm not performing well. So, then those things she would say are provoking her to do that (Nikiwe, visual impairment).

The third participant experienced physical abuse in her early adulthood stage at the age of nineteen. This happened during an incident of sexual assault, whereby she was exposed to some actions that can fall under physical violence category:

I was pulled, forcefully pulled by my arm to the road outside the gate of that particular household. Then after being pulled, obviously like any normal person I asked the person what do you want from me and who are you? Then he just started dragging me to a nearby sort of forest like, like the bush and he got my pants off and he tried to get my underwear off. Thankful by God's grace, I kind of fought that situation (Susan, visual impairment).

Physical violence consists of various actions that can harm the victim or result in injuries (Schlack et al., 2013:2). These actions can be direct or occur in form of threats, for instance, direct acts of slapping a person, hitting, kicking or threatening with an object to physically harm a person (The Domestic Violence Act of 116 of 1998, Section XVI, Schlack et al., 2013:2). Two participants as described above were victims of direct actions of physical violence through hitting. One of them mentioned that the abuse resulted in wounds or bruises. Browne (2011:14) propounds that violence against women with physical disabilities can result in or is likely to cause suffering. This relates to the experiences of a participant who suffered wounds after being exposed to physical violence during her childhood.

Research reveals that children with disabilities have a high likelihood of experiencing violence than children without disabilities (Mikton et al., 2014:3208). Two participants as shown above went through physical abuse as girl children, however, with different circumstances associated. In their childhood, women with developmental disabilities are argued to be at an elevated risk of being physically violated by persons in their lives such as caregivers, parents, guardians and teachers (Heijden et al., 2019:837). They are violated due to issues such as being labelled as slow learners at school. As found in this study, one of the participants was physically abused in the school

environment by teachers and boarding house mothers after reporting to them the case of sexual violence she had gone through. Hence, the physical violence stemmed from sexual violence. The other participant's physical violence emanated from school related issues such as not performing well and losing her items at school.

As explained previously, one of the participants was exposed to physical violence in a situation of sexual assault. This portrays the type of physical violence that had a potential of escalating into more direct actions that can injure the victim. In the process of the sexual assault, the participant experienced forms of threatened physical violence through forceful pulling and dragging against her will. The definition provided by the Domestic Violence Act 116 of 1998, section XVI stipulates that, physical violence can be of threatened act and not too direct. From the social model of disability's point of view, the experiences that the participants went through reveals society's collective responses to the circumstances of women living with impairments, which places intense disadvantages on them (Gallagher et al., 2014:1123). For instance, the issue that one of the participants reported the abuse she had experienced but instead of being properly assisted, she was violated more.

5.4.2. Sub-theme 1.2: Sexual violence in the form of rape or assault

Sexual violence experiences were also common among the participants. Eight participants indicated that they were exposed to sexual violence. Among these eight participants, three were raped and five were sexually assaulted. Of the three who experienced rape, two were raped when they were children and one as an adult. One of the participants who was raped as a child mentioned that the perpetrator was a family member. She said the following:

*I think I was about eight or nine years, I was raped by a brother who is my aunt's child. So he was like a brother to me. The family never spoke anything about it, like nothing ever happened but then that still lives with me you know. There it felt like it was just physical pain you know and I remember thinking it was just blood coming out, but as a child I was confused what's really going on. But now it comes to how do my own mother like a person who is supposed to protect me let things like that slide?
(Kgabo, paraparesis)*

The other participant who mentioned that she was raped as a child indicated that the perpetrator was a senior learner. This happened whilst she was studying at a boarding school. She said:

This incident happened when I was in boarding school and I was ten years. There was this guy who was attending school with me. He was older than me and I only discovered he was eighteen years and I was ten years. So suddenly, he came to me, he laid me down. After laying me down, he took off my pant and he did what he was doing to me. During that process, he asked me if his "thing" was inside me and I couldn't answer because I didn't know anything he was doing to me since I was only a child. And I was afraid to scream because I was afraid what if he kills me or something. (Alicia, visual impairment).

Further, the participant who stated that she was raped as an adult, mentioned that it happened twice. First, by someone who was a friend and then another person she could not identify. She highlighted that:

I have experienced sexual assault or usually people would refer to it as rape. I think twice, yes twice. The first was through a friend I knew and the second was through someone I couldn't identify because of my disability of course (Anna, visual impairment).

Among the five participants who experienced sexual assault, one experienced it when she was still a child and the other four as adults. The situations occurred in different environments. The participant who experienced it as a child mentioned that it was her aunt's partner and also another person she couldn't identify. She narrated the following:

So, I was still living with the very same aunt who used to physically abuse me. What happened was on one night at some point, she decided to introduce me to one of her multiple partners. So, on one night, she decided to leave me with one of her partners who then decided to touch me uncomfortably. As much as I decided to push him away and as much as I tried to make him see I'm uncomfortable, he still insisted. Fortunately, by God's grace he did not penetrate. It happened again that I was molested but this time it was different. This aunt of mine was selling alcohol and

people used to come and go you see. So, it happened that I always used to be in my room, always preferred like quite places until some guy made sure he escaped to my room. He started touching me uncomfortably and telling me how he is going to sleep with me and the things he wants to do to with me (Nikiwe, visual impairment).

One of the participants with cerebral palsy narrated that she was a victim of sexual assault in a work place. She recalled that:

So, what happened was one of the managers in the building somehow, I don't know what was going on with him. He wanted advances you know, sexual advances but I could not entertain him because I was not there. Luckily for me I spoke to my supervisor and they took the matter up because it was starting to bother me. Whenever he could come in the office, if I am alone, he would want to try to kiss me and so forth (Lindy, cerebral palsy).

Another participant with visual impairment described how she was sexually assaulted at a public event. She said:

I went to a rally, it's for persons with visual impairments and as I was in the rally, a gentleman came behind me and was groping on me. So, because they know that you are visually impaired, they know once they grope you and move away from you, you are not able to identify who they are (Kane, visual impairment).

The Sexual Offences and Related Matters Amendment Act of 2007 specifies that sexual violence can happen in form of rape, sexual assault or any other forms of sexual offences. Majority of the girls and women with disabilities are faced with sexual violence in environments such as schools, in the public, in work places and home spaces (Ortoleva & Lewis, 2012:40). The three participants in the study who were victims of rape experienced it in different environments such as school and home. One of the participants who was raped by a brother as a child explained of how her mother and the general family appeared undaunted about the matter, which however still affects her as an adult. Some cases of sexual abuse that women with disabilities experience in childhood are not dealt with and some are blamed for causing the violence (Daruwalla et al., 2013:4; Terry, 2014:3).

It seems the other two participants who experienced rape because of their disabilities could not assess the situations in terms of what was transpiring and struggled to identify the perpetrators. Heijden et al. (2019:4) argue that there is an association between the type of a disability a woman has and the high likelihood of being at risk of violence. Hence, the findings in this study show that one of the participants who is visually impaired and was raped as a child at school was not sure of what to do in the situation. She feared the perpetrator might kill her, which the perpetrator could have taken advantage of. More so, it can be assumed that being visually impaired could have reduced her ability to defend herself or escape the situation. The other one could not identify who the perpetrator was as she is visually impaired, thus also with the possibility of the perpetrator having taken advantage.

The social model of disability stipulates that disability is imposed on top of one's impairment by people who are deemed as normal in the society (Haegele & Hodge, 2016:197). It is the society that lacks adequate knowledge of the circumstances of people with impairments, which might cause women with physical disabilities to have various obstacles in their lifetime. The fact that a perpetrator can commit sexual offence taking advantage of the woman's condition, illustrates a society that lacks proper understanding of persons living with impairments and perceives them as easy targets of violating.

Sexual assault occurrence among women with disabilities is said to have a higher prevalence (Plummer & Findley, 2012:26). Women with physical disabilities are at times targeted as easy persons to manipulate into unwanted sexual activities (Shah et al., 2016:1191). Two participants (Kane and Nikiwe) narrated of how they experienced sexual assault, which gives the impression that perpetrators might have taken advantage of them or saw them as easy targets and that they would not be able to recognise them. Another participant was a victim of sexual assault at her work place by a manager. There are concerns about work environments not being accommodative and accessible to persons with disabilities (Daruwalla et al., 2013:6). However, the findings in this study depict that despite issues of not being accessible and accommodative, other challenges such as sexual assault against women with physical disabilities are also experienced in the work places and reporting can help halt it. These acts of sexual abuse fall under gender-based violence, which can include

all the types of violence discussed in this study but perpetrated by men against women. Peta (2017:372) is of the opinion that sexual offences reveals some form of gendered power associations that are more domineering to women than men in most situations.

5.4.3. Sub-theme 1.3: Emotional violence as a consequence of disability stigma or other types of violence

The findings revealed that emotional violence can be an effect of other types of violence such as sexual, physical, structural, neglect, financial abuse or general discrimination from various sources. On the other hand, widespread stigma imposed on persons with disabilities can as well have a huge emotional impact. Eleven out of twelve participants in this study mentioned that they have experienced emotional abuse. Among the eleven participants, seven faced emotional related disturbance originating from other types of violence and the other four experienced emotional abuse associated with disability related stigma.

One of the participants explained how she was emotionally disturbed by the sexual abuse that happened when she was a child. She explained that:

I become emotional at times and I pray about it. I honestly pray about it because sometimes I would sit and feel so sad, like nothing has happened, but all of a sudden I feel so sad. But then I say, my sub-conscious is experiencing or thinking about everything that has taken place you know (Kgabo, paraparesis).

Another participant was emotionally upset after her supervisor discriminated her on her first day at work due to her disability. She explained that:

It left me emotionally scarred because you know it's your first time in a company, you don't have friends, you don't know anyone and then now you are treated like that. I almost felt like I can quit there and there but I could not do it. So, it left me with heavy heart (Lindy, cerebral palsy).

One participant mentioned how she felt emotionally affected by several experiences of violence she has gone through in her life such as physical, sexual and neglect. More

so, being emotionally abused because of her disability of visual impairment. This is expressed in the following direct quotations from the participant:

Teachers noticed that they were certain things I was not happy with. Like I was always in fear, I was always jumpy. The physical beating just had a negative effect on me. So then at school, I was called in by the psychologist who managed to make me speak about the real issue (Nikiwe, visual impairment).

He (aunt's partner) didn't stop by then, he kept on doing it for days and weeks, it lasted (sexual assault). Up until I lashed out and broke down at school attempting to commit suicide. That's when the teachers and the psychologist decided to ask me what was going on because at that moment I felt like I was going through a depression phase because I had no one to talk to (Nikiwe).

I was very scared, emotionally I was always alert because... even if I talk about it, I had nothing to prove because I was not raped (sexual assault). So I felt helpless as well, like there was no hope. I felt like I was not enjoying my childhood the way I was supposed to. Everything was just... I was just deeply scarred. It was all emotional (Nikiwe).

She used to say (aunt) for instance that I am a failure. So, whenever I wouldn't understand anything at school, it would make me believe that I am failure. My self-esteem started becoming weak because of the things that she was saying to me (Nikiwe).

One of the participants with visual impairment explained how she was emotionally affected by a sexual abuse situation she experienced as a child. She narrated that:

When schools were closed, it was announced at the parents meeting that I slept with an older person at the age of ten you see. I felt like life was not fair on my side. Firstly, the house mothers were supposed to protect me you see, but instead, they decided to beat me up as if this whole thing was my intention. It also caused me anger and hatred towards boys. I am afraid of boys, I don't wanna (SIC) lie to you. I'm not even comfortable if it's only

the two of us, me and that boy. I'm thinking, what if he is also doing the same to me (Alicia, visual impairment).

I feel like this whole situation has caused wounds in me because no one was on my side all along. I was all alone, I was the one who was feeling pains you see. And he is still out there being free doing whatever he is doing without even considering that he hurt someone else at an early age you see (Alicia).

Another participant experienced emotional violence because of her disability of developmental visual impairment:

There were people who were always calling me Babsy. If you know that man who is totally blind the musician. So, they were calling me Babsy because of my blindness. That thing left a mark to me that because I am blind, I'm useless or they think they are things I can't do as a blind person? Because of my disability I must be called by names? (Pretty, visual impairment)

Another participant with a congenital disability of hemiplegia narrated how she experienced emotional abuse because of her disability:

When I was at school like in primary, they were kids at school who used to tease me because when I walk I limp. So, they would say I'm... I'm dancing. They would say I'm dancing, like there was a dance back in the days, they would call it kwasa kwasa. So, they would tease me like "ooh look at her, she's doing the kwasa kwasa dance!" While I was not even dancing, I was walking. They reminded me that I was different from them, they made me feel so little. Aaah (sighs), they ruined my self-confidence (Sarah, hemiplegia).

Even now at the age of thirty three, I am a mother, I feel like people still treat me the same as I was six. Sometimes I wish if I could just take a mic and tell everyone how I feel. How it feels to me to be disabled. Sometimes I feel like explaining myself to everyone so that some people get to know because some people don't have the knowledge of how a disabled person

feels or must be treated. Yeah it's difficult, there was a time I once drank poison thinking that maybe they will be fine without me (Sarah).

Emotional violence comprises of many characteristics that can humiliate or degrade a person. The Domestic Violence Act 116 of 1998 of South Africa section 1(XI), (a), (b), (c), designate emotional abuse as consisting of behaviours such as name calling, insulting, ridiculing and threats to cause emotional pain. In the findings of this study, emotional abuse was experienced in form of name calling or labelling, insults, humiliation among some participants and as a consequence of other types of violence. As a result, some had their self-esteem and confidence affected and perceived themselves unworthy or less important than other persons without disabilities.

As depicted in the main theme, emotional violence can be a consequence of other types of violence that women with physical disabilities are exposed to (Plummer & Findley, 2012:26). Women with physical disabilities face various types of violence in general that even women without physical disabilities experience as well as disability related violence unique to them (Ballan & Freyer, 2012:1084; Astbury & Walji, 2014:3128). Such situations can then lead to intense emotional distress. Some of the participants in the study have experienced emotional disturbance due to other types of violence they went through such as sexual, physical, discrimination and neglect. Other types of negative emotional impact as provided by participants have been extreme such as attempt to commit suicide and depression. Plummer and Findley (2012:26) identified emotional consequences of violence as inclusive of anxiety, depression, contemplation of suicide and distress.

From the social model of disability's sentiments, emotional violence breeds a disabling environment for women with physical disabilities (Barnes, 2012:12). Emotional disturbance as an effect of other types of violence or due to disability related stigma portrays a society that traps women with physical disabilities in cycles of injustices. As one of the participants (Alicia) narrated that she was sexually abused, upon reporting she was faced with physical abuse and blamed, which all had a negative emotional impact on her. Labelling and name calling are also rooted in societal perceptions, which can negatively affect the self-esteem of women with physical disabilities (Naraian & Schlessinger, 2017:88; Terry, 2014:5).

5.4.4. Sub-theme 1.4: Escalation of financial abuse through assistance

Six participants interviewed elucidated that they experienced financial abuse. Three of these cases were associated with the disability grants. The other two in public places after asking for assistance with for instance, transferring money. With the other participant, it was through her family whom she portrayed as overly depended on her income.

Among those who experienced financial abuse in public places, one participant experienced it after she asked for assistance. She described that:

Financial abuse is very prevalent with people with disabilities. People feel like you have to pay them or if you ask them, they take advantage of that. Because technology doesn't favour us, you find that maybe I need help with banking. I have had an incident where I asked someone to help me to transfer some money. So, what they did is they would first transfer to themselves and then do the actual transfer I have asked. Leave the second sms after they have taken their own. Our lives are very expensive (Amanda, visual impairment).

Three participants explained how they had experienced financial abuse through their disability grants. One from a social worker and the other two from family members in their home environments:

I was over eighteen but I didn't know how to use it (the SASSA card), so he (the social worker) decided to help me but I didn't know that he was misusing my money. He decided (SIC) to give me whatever amount I needed but I didn't know he was also using it for his own purposes. I remember in 2009 I was already in Eastern Cape, I was born in Eastern Cape. Then my sister received a letter from school saying I owe a certain money for the hostel, for the books. I told my sister that, that brother was the one responsible for my money and he told me that he paid the school fees (Alicia, visual impairment).

Obviously my parents know that I receive this grant. The expectation is I need to contribute towards maybe like toiletries, food that sort of thing. Not saying like I wouldn't but it's an expectation. I never thought of it as financial abuse before. I was just like aaaah, what do you expect, you live here you are supposed to give something. I can't necessarily do everything that I wish to do like on a personal level. So even if I see an advert or some sort of promising opportunity or an educational front or an employment front, I can't necessarily reach it because I need to first think of the needs of the house before I look at my own needs (Susan, visual impairment).

At the end of every month, this aunt of mine would take my things and give them to loan sharks. My card and my ID, my SASSA card. So every month I would have nothing to live on or to feed on because my SASSA card would be taken to loan sharks as well as my ID. She said she doesn't have enough money and the loan sharks are the ones that help us every month to cope and to eat (Nikiwe, visual impairment).

With the other participant, her family's expectations of financial contributions from her has caused her financial struggles:

When I started working when I was at home, I myself would do things for my family. Others I know I couldn't afford, but I would take loans and all that. Maybe by doing that, they felt that this one is wealthy. Because I was working, my mother thought I had money. They sat down as a family and said I should take my younger sister to school. I had to spend about twenty eight thousand and mind you it's not the money that I had. I had to do loans, now I'm getting into debt after debt (Kgabo, Paraparesis).

In South Africa, persons with mental or physical disabilities can apply for a disability grant if they are not able to work or sustain themselves because of the disability (The Social Assistance Act 13 of 2004, section 9(b)). The participants who experienced financial abuse through their disability grants were unable to meet some of their important needs as the money was used for other aspects. Thus, coincides with the definition given by The Domestic Violence Act 116 of 1998, section 1(XI) that financial

abuse “is the unreasonable deprivation of economic resources to which the complainant is entitled under law or which the complainant requires out of necessity.” As shown above, some of the participants who were financially abused through their grants were also in a situation of facing deprivation and neglect as their money was used for matters not related to meeting their needs. Neille and Penn (2015:2854) explicate that financial abuse can cause deprivation in a situation whereby the victim’s financial resources are not used to his or her benefit or sustainment.

The theme’s name “escalation of financial abuse through assistance” can be interpreted in two ways. Thus, from a point of view of an accommodating society or of a society that places women with physical disabilities at a disadvantaged position. By offering disability grants, the government aims to assist or to achieve a transformative society that meets the socio-economic needs of persons with disabilities. The social model of disability strives to enable transformation in the society to help persons with disabilities fulfil their needs and aspirations (Owens, 2015:387). Therefore, assistance through disability grants or even with personal matters such as mobile financial transactions gives a picture of a society that accommodates the needs of women with physical disabilities. However, when other persons take advantage of that assistance or manipulate the situation to meet their own needs not those of the woman with a physical disability, it becomes unjust. Thus, for instance, using the grant money for other matters not related to meeting the needs of the recipient.

5.4.5 Sub-theme 1.5: Structural violence from different socio-economic systems

Structural violence was experienced by most of the participants in the study (nine). Of these nine participants, four narrated that they faced structural violence at their work places whilst two participants mentioned that they faced it at school. The other three participants explained having experienced structural related discrimination in clinics.

The following participants described the situations they were exposed to at their work places that are linked to structural violence:

I got a job on gumtree and called for the interview and got the job. It was a very small admin job, I already had a degree and everything. I think they were paying four or five thousand Rand. So I asked why they wanted a

person with a disability and he answered and said, "Well, because we can pay them less." (Olivia, cerebral palsy).

It's just accessibility, there are buildings we are still fighting with the company that they need to make sure they are accessible for people with disabilities because they are not. There are places which are not accessible (Kgabo, paraparesis).

I applied for employment at my current employer. I passed the interview and then after that, it was my first day at work. The supervisor who was supposed to be my supervisor at that moment was not aware of my disability. So when she first saw me, she was angry because in her mind I could not perform the duties because of my disability (Lindy, cerebral palsy).

One of the participants explained how she experienced injustice at the tertiary institution she is doing her studies with:

Even the institution that I am in, it's very difficult to study if you are blind. You are denied prescribed text books because they have to be converted into pdf or word. I had a year module I'm writing on the 23rd of October. I only got the prescribed book last week in September. I don't know what I was expected to be using from February until now. Reasonable accommodation for us is still a dream. Now with this new norm of online studying, we are not really accommodated for that, we were not thought of when this thing happened. So, we are always an afterthought and they have to remind themselves, ooh but they are those blind people! Then they think, I mean under that context (Amanda, visual impairment).

Another participant described the situation she usually experienced when at clinics, which is linked to structural violence. She said:

We have a lot of problems when it comes to clinics. We are expected sometimes to queue and you are on your own. Sometimes they don't explain to you how the queue is moving and sometimes when you get there, they shout at you because you are on your own (Nikiwe, visual impairment).

Structural violence usually stems from societal systems such as work places, health care centres, educational institutions and it causes social exclusion and inequality among persons living with disabilities (Neille & Penn, 2015:2849). Tugli, Klu & Morwe (2014:332) articulate that persons with disabilities are disadvantaged in the education sector as they have unequal access to educational opportunities because of the condition of having a disability. As obtained in this study, one of the participants (Amanda) who was on tertiary level revealed how she has experienced immense challenges to successfully proceed with her studies and how it seemed not inclusive.

The findings of this study indicate widespread structural violence experienced by women with physical disabilities in the work place. Daruwalla et al. (2013:6) report that there is much inequality in access to work related opportunities and potential employers also tend to resent women with physical disabilities as good candidates and competent for the job vacancies despite being qualified. Two participants (Olivia and Lindy) as indicated above explained how they have experienced discrimination in their work places. The discrimination was associated with their disabilities, which resulted in stereotypes that they might not be suitable candidates or deserve low salaries even though they were qualified for the job positions. From the social model of disability's inferences, structural violence presents barriers to inclusion of women with physical impairments in the society and requires to be challenged and changed (Anastasiou & Kauffman, 2013:443). As obtained from the participants' input that in the work places, women with physical disabilities are perceived and treated in a different way from people without disabilities.

One of the participants revealed that clinics seem not to be accommodative to them as they are expected to queue just like persons without disabilities and at times with no one to assist with directions of the queues. The White Paper on the Rights of Persons with Disabilities (Department of Social Development, 2016:8) aims to achieve a just society and eradicate discrimination of persons with disabilities. To fulfil such endeavours, different sectors of the society have the responsibility including the community. For instance, ensuring accommodative and inclusive environments and that services for persons with disabilities have unique responses to their age, gender and the types of disabilities (RSA, Department of Social Development, 2016:39). However, the experiences that the participant had in clinics while seeking health care

services seem to be incompatible with the recommendations of the White Paper on the Rights of Persons with Disabilities.

5.4.6. Sub-theme 1.6: Inability to meet one's needs because of neglect

Findings in this study showed that six participants had been in situations where their needs were neglected. Five of them experienced neglect in home environments and one at school. It is revealed that occurrence of structural violence can pave a way for other types of injustices such as neglecting of the person's needs.

One participant mentioned that she experienced neglect several times at home:

It happened so many times and it still does happen! Let's say you have applied for a specific post and you are at home, then you ask someone to accompany you to that specific place. That someone will have all sorts of excuses. Like, "It's Saturday, this is my day of resting, I can't help you, I want to rest." You end up losing opportunities because you can't navigate or travel on your own at that specific time (Anna, visual impairment).

Further, another participant who experienced neglect at home said:

My aunt the one I was staying with... so I got sick at some point and asked her if she could take me to the clinic. She said no, she can't because she is busy with a lot of things. Up until I eventually felt better on my own because there was no one to take me to the clinic (Nikiwe, visual impairment).

Another participant with visual impairment experienced neglect at home from a family member. It occurred through her disability grant:

In 2003, I was attending a school, there was a brother who was a social worker and he was also an SGB (School Governing Body). So, the school told him my situation and he offered to help me. He took the card (SASSA card) from my aunt because my aunt was the one taking responsibility of me but she didn't give me money in terms of pocket money. She didn't buy me clothes, I didn't have enough cosmetics (Alicia, visual impairment).

One of the participants experienced neglect at school. She required assistance with some part of her studies, which the school was supposed to plan for her support but they did not:

She made it clear that she (teacher) is not going to help me to write my POE. So, I had to rely on students to write for me. Which is wrong because according to the constitution, they are supposed to hire someone not for exam but for class work for which they only hired a person for exam (Meg, cerebral palsy).

Neglect is a type of abuse perpetrated by a person who is legally obliged to perform some duties of assisting a dependent individual or to assist from a moral point of view (Barker, 2014:288). As indicated above, one of the participants experienced neglect in school as the school authorities neglected to provide necessary arrangements to assist with some part of her studies.

Neille and Penn (2015:2854) gave other examples of situations of neglect, which involves withholding monthly incomes of the woman with a disability obtained from the disability grant. The Social Assistance Act 13 of 2004, section 9(b) makes provision of the grant to persons with disabilities whose conditions interfere with their ability to work and provide for themselves. One of the participants in the study had an experience whereby her guardian had the responsibility of managing her grant. However, her needs were not met as the guardian failed to help her through the grant. Hence, accords with the research which stipulates that in some families, the grant is used for other aspects not related to meeting the needs of the woman with the disability (Neille & Penn, 2015:2854).

5.5. THEME 2: RISK FACTORS AND THE INCREASED LIKELIHOOD OF VIOLENCE

Risk factors might result in a higher possibility of women with physical disabilities experiencing violence (Browne, 2011:21). These factors can either result in a person being victimised through different forms of violence or perpetuation of already existing experiences of violence. Ten participants in this study mentioned aspects that can be risk factors to the abuse of women with physical disabilities and the other two could

not provide information linked to risk factors. Discussion of these risk factors will be done in the sub-themes below:

5.5.1. Sub-theme 2.1: Assumptions allied to women with physical disabilities

One of the risk factors highlighted by the participants in the study relates to the false beliefs that women with physical disabilities are labelled with in the society. This was indicated by seven participants who explained how they were associated with certain beliefs in their lifetime which are not accurate. Some of the verbatim expressions from the participants include:

For me one of the biggest thing people often think when you have a physical disability is you are also impacted in a mental way. People with physical disabilities doesn't necessarily mean mental disability. It's a wrong assumption, people with disabilities are still people. You got to put the person first, look at a person holistically (Olivia, cerebral palsy).

I feel as though people feel the need to come to my saving all the time. Like when I have my cane to cross the road that's when people feel the need to quickly rush to me and be like, let me help you. Some just pull me without asking if they can help me or not (Susan, visual impairment).

You will find them shocked that a person with visual impairment is pregnant as if they are not supposed to be pregnant. They immediately forget the normal way of getting pregnant. And you go to the hospital, the nurses are asking you how did this happen? How are you going to take care of the baby while you are blind? (Amanda, visual impairment).

You are seen as a curse, you are cursed and there is a demon that has possessed you and there is that omen that needs to be washed away. They need to put this in your eyes. Sometimes you go to the traditional healer, they need to undress you and put whatever herbs all over your body. And that is a form of violation because you are being touched by someone you don't know. You are forced to stand there naked whilst they are applying these herbs on you (Kane, visual impairment).

Some of the assumptions highlighted above are known to have a likelihood of causing emotional disturbance among women with physical disabilities (Astbury & Walji, 2014:3145). As narrated by one of the participants (Kane) that having a disability can imply that one might be cursed and possessed with demons that require cleansing. Such encounters are argued to be very common in the South African communities, whereby disabilities are perceived to be curses (Neille & Penn, 2015:2852). The social model of disability specifies that stereotypes are embedded in social practices that breed negative perceptions about impairments (Naraian & Schlessinger, 2017:88). Looking at the difference between impairment and disability as discussed in chapter three of this study, impairment is biologically determined (Goering, 2015:135). Disability emanates from societal labelling associated with impairments. Therefore, assumptions that risk women with physical disabilities into experiencing violence are a social category outside the perspective of biological understanding of an impairment.

Most of the assumptions seem to give the impression that incapacitates or disempowers women with physical disabilities in the society. For instance, being alleged to have mental health challenges because of a physical disability. Therefore, as a human being you are already being viewed as not fit to live an independent life. Other widespread perceptions are that women with physical disabilities are asexual, not suitable for marriage and incapable of child care (Ballan et al., 2014:3172). This perception appears to exist in various sections of the society even in the institutions such as health care centres. As recounted by one of the participants that being pregnant as a visually impaired woman brings concerns from the society and health care practitioners like nurses if the woman will be able to take the responsibility.

5.5.2. Sub-theme 2.2: Non-disclosure of the violence experienced

The findings of this study revealed that in the event of experiencing abuse, some women with physical disabilities could not to disclose the issue to either formal or informal networks due to different reasons. One participant explained how she was instructed by her guardian not to mention the experience of sexual assault to anyone:

So, when it happened I spoke to my aunt the next day when she came back. She said I mustn't say anything to anyone about it and days went on. Academically as well at school I started slowing down. He didn't stop by then, he kept on doing it for days and weeks, it lasted. Up until I lashed out

and broke down at school, attempting to commit suicide (Nikiwe, visual impairment).

From the participant's input, it seems that non-disclosure of the violence experienced has a possibility of causing the situation to continue. The participant was a victim of sexual assault and she suffered emotionally because of not disclosing the issue. It becomes a cycle of tragedies which relates to the fact that, emotional disturbance can be an end result of other types of violence such as sexual, for instance, attempting to commit suicide and having feelings of powerlessness (Plummer & Findley, 2012:26). Non-disclosure might also be caused by the fact that women with physical disabilities are usually blamed for the violence faced and are regarded as unreliable witnesses (Ortoleva & Lewis, 2012:15; Daruwalla et al., 2013:4). According to the social model of disability, challenges persons with disabilities face do not stem from their conditions, but how institutional norms or social attitudes disadvantages them (Goering, 2015:135). It seems the advice that the participant got from her aunt also contributed to the continuation of the sexual assault and eventually the emotional disturbance. Thus, as stated by the theory that usually societal attitudes negatively affect persons with disabilities.

5.6. THEME 3: PROTECTIVE FACTORS

The participants highlighted various ways that they used to protect themselves from violence. These ways can either be something that helped them to prevent the possibility of being victimised or to protect themselves in the aftermath of the violence. All the twelve participants explained different strategies that they used as protective factors before or after experiencing abuse. The sub-themes below indicate these protective factors as obtained from the participants:

5.6.1. Sub-theme 3.1: Disclosing violence

One of the sub-themes that emerged was disclosing the violence. This was mentioned by two participants who took the step of reporting the violence that they had experienced. With one participant, the violence stopped after reporting whilst the other no longer experienced it as frequently as she used to before disclosing:

Luckily for me I spoke to my supervisor and they took the matter up because it was starting to bother me. Whenever he could come in the office if I am alone, he would try to kiss me and so forth. So I handled the situation very well and early. I reported him and then it stopped there (Lindy, cerebral palsy).

It happened for quite some time. I think it happened for three to four years of my life. Until I grew to speak to one of my teachers and then they called her (aunt) in, try to mediate between us and understand what exactly her problem is. She started to be in fear of doing it. Though it did happen, but it did not happen as often or as regular as it would constantly happen before she was informed (Nikiwe, visual impairment).

At times, speaking out about the abuse that one has experienced can facilitate referrals to the relevant personnel that can assist with the situation (Plummer & Findley, 2012:25). On the other hand, non-disclosure and continuous exposure to ill-treatment can result in health challenges (Hasan et al., 2014:3107). With the participant that experienced sexual assault at work, disclosing the violence to her superiors helped to prevent the situation from continuing. More so, with the participant that was physically abused at home, opening up to her teachers about it helped to reduce the regularity of the violence.

Although this study previously (sub-theme 1.1) indicated that disclosing the violence can sometimes result in other forms of violence, it seems disclosing on the other hand can help to put a halt to the violence or to reduce its impact. The social model of disability recommends that impairments should not be a hindrance to inclusiveness (Kattari et al., 2017:870). Meaning, women with physical disabilities experiencing violence should not be excluded or discriminated from any form of potential assistance because of their physical conditions. As shown in the cases of the two participants above, they obtained the assistance they required upon disclosing the violence they were going through without being discriminated because of their impairments.

5.6.2. Sub-theme 3.2: Self-acceptance

The characteristic of self-acceptance appeared to be important among women with physical disabilities as it can enhance protection against issues such as disability stigma. A few (three) participants stated this in a way that portrays characteristics of protection against violence. Three participants mentioned the following:

But what I found with my own case is, the more I know myself, the more I accept my ability and the better physically I become (Olivia, cerebral palsy)

What I can think of is making sure that you have accepted your own situation. So, it becomes easier when you accept yourself for you to be able to project that kind of energy out there (Susan, visual impairment).

I think the first one is the attitude you carry yourself with. If you carry yourself with an attitude of I am confident and I am not passive, I am more of an assertive person. That already scares away a lot of people from mistreating you (Kane, visual impairment).

The social model of disability reveals that the society harbours dehumanising views against persons with impairments (Gallagher et al., 2014:1122). Some of these perceptions are that women with physical disabilities are passive, dependent, require frequent medical attention, unsuitable for being intimate partners and incompetent in the work environment (Ballan et al., 2014:3172; Daruwalla et al., 2013:6; Haegele & Hodge, 2016:195). These widespread stereotypes show that women with physical disabilities live in a society that disfavour their conditions. Therefore, more self-awareness about one's condition and learning how to successfully live with it can be of great assistance in preventing the possibility of being a passive victim to different types of violence or assumptions that cause violence.

5.6.3. Sub-theme 3.3: Support from significant others

As found in this study, support from the people who are involved in the lives of women with physical disabilities can be some form of a protective factor, with a possibility of reducing the risk of violence. These can be family members, educators at schools and colleagues in the work place. The quotations below explain this:

Luckily for me I have got a supportive family, it makes your life easier. You know you are not alone. Say maybe you want something done in the house, you can always call someone to come and assist you. It's like a burden has been lifted off your shoulder (Lindy, cerebral palsy).

The culture that we have at work it really does accommodate. People or colleagues they are very supportive. You wouldn't even feel that being amongst them you are a person living with a disability (Kgabo, paraparesis).

She (teacher) just really like accepted and understood me. She didn't see my disability as a nuisance, she treated me with fairness like all other students in class. If someone does bad things to me, she would say, "stop!" So I really looked up to her and she gave me a lot of self-confidence as well (Olivia, cerebral palsy).

The information provided by the participants above portrays a society that aims to shield women with physical disabilities from experiencing violence. Thus, through the support from school, home and work environments respectively. The social model of disability theory focuses on how the society limits the capacities of people living with impairments. As articulated by Mira (2012:280) that attention is diverted to how the society is failing to be responsive to the needs of persons with impairments. This line of thinking has influenced policies such as the White Paper on the Rights of Persons with Disabilities (Department of Social Development, 2016), which renders responsibility to different sections of the society in formulation of a non-discriminating society against persons with disabilities.

The support that the participants mentioned above symbolises a transformed society that strives to be accommodative to women with physical disabilities. The information seems to present progress towards creating a just society, where women with physical disabilities can advance in fulfilling their rights. Hence, despite the inferences that some women with disabilities experience violence in family set-ups, work places and school environments, these contexts can as well enable protection against any possible violence as revealed by findings of this study (Daruwalla et al., 2013:6; Hasan et al., 2014:3114; Heijden et al., 2019:837). Therefore, the support that the participants are provided with in different contexts shows a society that is altering its ways of

operating to be inclusive and to adjust to meet the needs of persons living with disabilities (Owens, 2015:387; Anastasiou & Kauffman, 2013:443; Goering, 2015:135).

5.7. THEME 4: COPING MECHANISMS

All the participants in the study provided information on how they coped after experiencing violence. The coping mechanisms varied among the participants. The following sub-themes describe unique ways that participants employed as coping mechanisms:

5.7.1. Sub-theme 4.1: Relying on informal networks

Obtaining support from people like friends helped some participants to survive the aftermath of the violence experienced. This kind of survival portrays resilience, which helped the participants to cope and address their challenges. Four participants indicated the following:

I just carried on, eventually I was able to get a few friends in primary school. There are few friends who were there for me in various times (Olivia, cerebral palsy).

I was only lacking the prescribed book. So, what I would do for assignments, I would ask a friend to take screenshots of the book which would be maybe forty pages. Take those screenshots, give them to my nephew, sit down and start typing. Imagine you have to type forty pages! (Amanda, visual impairment).

Most of my experiences I didn't share with anyone especially the family. I decided just to keep them to myself because I am a person who doesn't like conflict. I prefer to discuss it with someone who doesn't know them at all. Like my friend here at school, she doesn't know them (Alicia, visual impairment).

I felt very distressed emotionally, I felt very emotional. I couldn't really cope which made me talk to a few friends, sharing my experiences with them

(sexual violence). I didn't really go for professional help (Anna, visual impairment).

Based on the findings above, informal networks seem to be consisting of certain types of people in the participants' immediate environment such as friends and family, willing to provide the support required. All four participants experienced violence, which still has an impact in their lives. In resilience theory's terminology, such unpleasant encounters would be known as chronic adversity (Van Breda, 2018:5). Chronic adversities can be assumed to simply result in maladaptive ways of coping or long-lasting struggle than to achieve a better well-being. With the crucial mediating process, a person experiencing chronic adversity can achieve better than expected outcomes (Kolar, 2011:423).

The four participants explained uniquely how each of them found support from friends. More so, how talking to a friend about the tragedy seem to have less conflicted outcomes. Kolar (2011:423) postulates that resilience tend to be subjective and better than expected outcomes of positive adaption are multidimensional. Each participant indicated the importance of having support from the informal networks, which also had varied better than expected outcomes for them. The social model of disability upholds that to address the dynamic challenges faced by persons with impairments, aspects such as making use of internal and external resources are crucial (Vehmas & Waston, 2014:645). External resources can be sources of support from the society, which shows that improvement of the lives of women with physical disabilities lies within various social categories.

5.7.2. Sub-theme 4.2: Obtaining professional help

Some participants (two) cited that they survived the aftermath of the abuse experienced through assistance from professional personnel. Two of these participants took the route of accessing professional help, which seem to have lessened the possibility of further negative outcomes. Other participants relied on informal networks as indicated above and one mentioned that she copied through prayer. One of them opened up to a counsellor after she experienced sexual assault:

I opened up to a counsellor who counselled me and made me understand that none of what had happened to me was my fault (Susan, visual impairment).

Another participant obtained help through her teachers at school after experiencing several incidences of sexual assault, which disturbed her emotionally. She recalled that:

So, eventually they got it out of me, the teachers as I started speaking about the incident. It happened that they reported it at home. So, they called my aunt in and spoke to her about it and they took the case to the police station. So, I started feeling like it was not my fault because all along I kept on blaming myself thinking it's my fault (Nikiwe, visual impairment).

The participants as highlighted above took the option of accessing professional services. Such route can also facilitate resilience, which is important in helping a person to cope through adversities faced. Van Breda (2018:7) argues that resilience can either be intrinsic to an individual or found on broad societal facets. Hence, the participants might have enabled facilitation of resilience through obtaining services external to them. On the other hand, building intrinsic resilient factors such as shifting from self-blame and understanding openly of the circumstances that transpired. Despite facilitating resilience, professional help can influence linkage with other required services, thus the chain of referrals to meet the other needs (Plummer & Findley, 2012:25).

5.7.3. Sub-them 4.3: Being empowered

The findings of this study revealed that some resources can help a woman with a physical disability affected with violence to be in a state of being empowered and overcome violence related challenges faced. Two participants in the study indicated how their lives were improved through accessing educational opportunities that enabled them to shift from the space of being perceived victims. They mentioned the following:

Being at school made me feel comfortable. Our teachers were always telling us that, let's not see ourselves as blind people but see ourselves first

as people because God never created us by mistake. So, I started to put that in mind that this is how I must be now and forget about the people who are calling me by names. After matric, I moved to Pretoria because I wanted something to do after matric. There were some learnerships that were helping me to gain knowledge. At the very same time, the stipend that I was getting was helping me to rent a room and buy food (Pretty, visual impairment).

It was hard for me to see good in myself. Because they were obviously certain things I could do and each time I would do them I would actually believe that ooh actually... like the extra mural at school, I used to sing a lot and get prizes. That made me believe that so actually I am not a failure and that made me gain some type of confidence (Nikiwe, visual impairment).

Empowerment is of paramount importance in assisting a person who has fallen victim of violence. It is known as a process of helping individuals, groups or communities to cultivate personal, interpersonal and socio-economic strengths in to advance various areas of their lives (Barker, 2014:120). The informal networks and access to professional help described above can also be critical in helping a person to accumulate his or her strengths and address the challenges experienced. One of the participants above fell victim of emotional abuse in form of name calling. At school she was empowered to see herself as a capable human being. More so, education opened opportunities for economic independence and to move from her home environment which was risking her into abuse. Thus, revealing what the literature proposes that, economic independence is one of the factors that can enable a woman to escape an abusive relationship, which in this participant's case was an escape from an environment that had a possibility of risking her into more emotional abuse (Ballan & Freyer, 2012:1086).

5.8. THEME 5: SUGGESTIONS ON SOCIAL WORK INTERVENTIONS WITH WOMEN WITH PHYSICAL DISABILITIES EXPERIENCING VIOLENCE

Towards the end of each interview, the researcher inquired from the participants how social workers could best intervene to assist women with physical disabilities

experiencing abuse. All the twelve women gave their different suggestions in accordance to their understanding and the experiences that they have gone through in their lives. The following provides the sub-themes of these recommendations:

5.8.1. Sub-theme 5.1: Sensitive interventions

As found in this study, some of the participants' recommendations seem to point out that it is essential for social workers to increase levels of sensitivity when intervening with women with physical disabilities experiencing violence. Two participants expressed the following:

I will ask them to be gentle (social workers), for me I need people who are gentle in my life, people who will understand me, people who won't judge or criticize. People who understand more about disabilities because being a disabled person is too fragile (SIC). We expect to be handled with care, but in most cases, we are not (Sarah, hemiplegia).

Social workers must understand that, before the person is now able to share whatever incidences might have occurred in terms of like abuse, they are going through a sort of self-inflicted secondary victimisation. So, they should come with that sensitivity to be able to understand that the person is still kind of blaming themselves. So, a level of sensitivity when dealing with the issue and the ability to listen (Susan, visual impairment).

From the above information, it is shown that sensitive interventions constitute of various characteristics. One participant stated that social workers should refrain from criticizing or judging. The Biestek seven principles of Social Work have non-judgemental attitude as one of the principles (Cheung, 2015:96). It is recommended that social work interventions should preclude assigning or declaring the client's guiltiness, innocence or the extent to which he/she has caused the challenges faced.

Further, the suggestions given by the participants indicate that social workers might need to understand some available policies relevant to women with physical disabilities experiencing violence. For instance, the White Paper on the Rights of Person with Disabilities and the Convention on the Rights of People with Disabilities

analysed in chapter two of this study. There are sections of these policies specifying that persons with disabilities have dissimilar circumstances, which require support that is gender, disability and age sensitive (Department of Social Development, 2016, Convention on the Rights of Persons with Disabilities, 2008). As one of the participants mentioned that some women might be undergoing secondary victimisation, self-blame and feeling incapacitated, hence, social workers need to be aware and continue to be empathetic and sensitive.

5.8.2. Sub-theme 5.2: Intervening within the responsible families

Family interventions was one of the suggestions given by the participants. Six participants recommended that social workers should carry out some form of family assessments when assisting women with physical disabilities experiencing violence. Assessments can be done in different ways such as assessing the kind of support the woman can get from the family or even educating the family. Quotations from the participants stated the following:

I would say if social workers can clearly look through the livelihood of a woman living with a disability. In their families, what is it they are doing, how does family support them. They should do follow ups you know in terms of whatever they research within the family. Let's say they have assessed this month, after two or so just to assess is the situation still in the same manner or were the first appearance people pretending to say who they are (Kgabo, paraparesis).

Sometimes people with disabilities are not free to communicate. At home, those who are not working a lot of them faced some kind of abuse especially financially. I know a lot of people whom their families are controlling their money and you find out that they are being neglected. They are not well taken care of and sometimes the families are depending on the disability grant for that person. So, if social workers assess such people, they must find ways to make that person open up (Lindy, cerebral palsy).

I think another thing is to ensure that we create awareness and educate families because families sometimes you might find out that they are the

ones who are promoting women with disabilities to be victimised (Kane, visual impairment).

Violence against women with physical disabilities can manifest in different forms such as emotional, sexual, physical, financial violence, disability related violence as well as neglect and deprivation (Shah et al., 2016:1192; Mlambo & Pillay, 2014:18; Mikton et al., 2014:3208; Heijden et al., 2019:833; Hasan et al., 2014:3114). These types of abuse can be perpetrated within interpersonal relationships through for instance, family members (Browne, 2011:15). Such delineations may relate to the inputs given by the participants above that women with physical disabilities can be violated in their families and that social workers have to play a role of conducting assessments to inquire. Keeling and Van Wormer (2012:1359) raised the concern over the possibility of victims struggling to open up about their experiences during social work interventions to disclose the actual nature of the family violence. As indicated by one of the participants that persons with disabilities might find it difficult to communicate, hence, social workers need to find ways in their interventions to facilitate good communication so that the service user can be free to open up.

One of the participants stated that social workers might need to educate families of women with physical disabilities as they can also contribute to the violence. The opinion accords with what other participants narrated that they were victimised by their families. Women with disabilities are argued to be less likely involved in marriages than women without disabilities, have lower educational levels and suffer widespread unemployment (Astbury & Walji, 2014:3130; Moodley & Graham, 2015:27). Hence, this might imply that they might keep on residing with their families, which will mean that violence in families or households tends to be prevalently high. Neille and Penn (2015:2852) reported on various incidences of violence perpetrated to women with disabilities in their families. Therefore, it is significant that social workers are required to carry out family assessments of women with disabilities who are at risk of experiencing violence.

5.8.3. Sub-theme 5.3: Enhancing dignity

Being treated with self-worth is one of the recommendations that was provided by the participants. Two participants gave input that shows the quest to be treated with dignity among women with physical disabilities. They explained the following:

I would advise them to firstly treat us as human beings, with dignity, unconditional acceptance. That's the first important thing, I think as soon as we are made to believe that the next person treats me as a person first (SIC)... see us before you see our disabilities (Amanda).

The only thing I want is for us to be treated equally, if people were to be taught about disabilities, maybe none of this will happen. There are more disabled people out there who are being locked up because they are disabled (Sarah).

The above inputs emphasise that social workers should interact with women with physical disabilities who have experienced violence in a dignified manner. At times, persons with disabilities are viewed as not full humans, having bodies or minds that need to be fixed (Kattari et al., 2017:870). Therefore, disability is seen first before the person, which gives the impression that there might be some differences with non-disabled people. Social workers can assist to overcome such challenges that result in women with physical disabilities not being able to live fully and reach their capacities. For instance, through educating communities about people with disabilities, more importantly families involved as mentioned earlier on. The acts of treating persons with disabilities as unworthy of dignity reveals an oppressive society that imposes environmental, cultural and socio-economic barriers (Tugli et al., 2014:333). Therefore, social workers are tasked with challenging such difficulties and promote dignity of women with physical disabilities affected with violence.

5.9. CONCLUSION

As revealed in other previous research findings consulted for this study, occurrence of violence among women with physical disabilities tend to be high. Participants in this study narrated the various types of violence that they have experienced in their lives. These ranged from physical abuse, sexual, structural, financial, emotional violence, neglect and deprivation. Emotional violence, sexual and structural seem to be

frequently experienced by the participants. With the type of violence such as emotional violence, women with physical disabilities are prone to go through it because of the general disability stigma and experiencing other types of violence (Ortoleva & Lewis, 2012:27; Neille & Penn, 2015:2841).

Certain factors have a high likelihood of causing women with physical disabilities to face violence and these include aspects like not disclosing or opening up about the abuse as well as the general assumptions about women with disabilities from different sectors of the society. Some of the experiences from the participants indicated that protection against violence can be obtained in several ways. For example, disclosing the violence experienced, obtaining support from significant others and having self-acceptance of one's condition. Participants had unique ways of coping with the abuse experienced, which shows much of resilient stimulating factors and the importance of empowerment in aiding a person who has been victimised to escape risk violent situations. Family interventions surfaced as the main recommendation that social workers ought to include in their interventions, others include enhancing dignity and increasing sensitivity as victims would have been severely affected already by the violence encountered.

The next chapter, which is the final chapter focuses on summarising key findings, conclusions and recommendations of this study. More so, limitations emanating from this study and suggestions for future research studies are laid out.

CHAPTER SIX

KEY FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

6.1. INTRODUCTION

The goal of this study was to explore and describe the experiences of violence among women with physical disabilities in Tshwane Metro, Pretoria. In this chapter, the researcher will specify the extent to which the goal and objectives of the study were fulfilled. Thereafter, the key findings and the conclusions drawn will be fully described. Recommendations based on the conclusions will be given, limitations of the study and suggestions for future studies are explained.

6.2. GOAL AND OBJECTIVES OF THE STUDY

The following section ascertains how the goal and objectives of this study were accomplished.

6.2.1. Goal of the study

The goal of the study was to explore and describe the experiences of violence among women with physical disabilities in Tshwane Metro, Pretoria. The goal was attained through the appropriate utilisation of the qualitative research methodology. The following objectives enabled fulfilment of the goal of the study:

Objective 1: To conceptualise and contextualise violence against women with physical disabilities in South Africa

The objective was achieved in chapters one and two of this study. To conceptualise violence against women with physical disabilities in South Africa, the researcher introduced relevant concepts of the phenomena in chapter one (section 1.2), which focused on the definition of key concepts. These concepts included pertinent terms such as violence, experiences, physical disabilities, women, Pretoria, which presented a simple break down of what the researcher intended to focus on.

A further step was taken to contextualise violence against women with physical disabilities in South Africa. A holistic and detailed contextualisation was shown in chapter two (section 2.2, 2.3), which reviewed violence against women with disabilities in general and specifically in the South African context.

Objective 2: To explore and describe the forms of violence women with physical disabilities in Pretoria experience

Chapter Two (section 2.3) of this study provided meticulous descriptions of the types of violence that women with physical disabilities experience in general as found in literature. Chapter Five (section 5.4) precisely presented a theme that revealed the forms of violence participants have faced. The findings in chapter five revealed that the most experienced forms of violence among the participants with physical disabilities in Pretoria are emotional, sexual and structural violence (sections 5.4.2, 5.4.3, 5.4.5). Physical violence, financial, neglect and deprivation have presented slightly low numbers as the types of violence experienced.

Objective 3: To explore and describe risk and protective factors associated with violence against women with physical disabilities in Pretoria

Chapter two (Section 2.4) focused on risk factors derived from the literature consulted. The researcher inquired from the participants during data collection aspects that increased the likelihood of them experiencing the violence they have faced. Findings of chapter five (theme 2, sub-theme 2.1, 2.2) provided the risk factors indicating that can either lead to the end result of abuse or perpetuation of victimisation. More so, the researcher inquired from participants on how they protect themselves from violence. Chapter five (theme 3, sub-themes 3.1, 3.2, 3.3) findings showed that women with physical disabilities can protect themselves by disclosing the violence experienced, obtaining support from significant others and having self-acceptance.

Objective 4: To explore and describe coping mechanisms that women with physical disabilities in Pretoria use after experiencing violence.

The researcher found out from the participants how they coped after being exposed to various forms of violence. Chapter five (theme 4, sub-themes 4.1, 4.2) revealed the ways of coping that enhanced resilience among the participants. The coping mechanisms employed enabled participants to work towards achieving better well-being individually and of those around them. Empowerment seemed to have played a role in helping participants to perceive themselves as able human beings than as

victims. Chapter five (sub-theme 4.3) revealed that a person can be empowered socio-economically to overcome the effects of violence or possible further consequences.

Objective 5: To recommend intervention strategies that social workers can use to assist women with physical disabilities experiencing violence

The participants provided suggestions that social workers can incorporate in their interventions in order to effectively assist women with physical disabilities affected with violence. Chapter five (theme 5, sub-themes 5.1, 5.2, 5.3) presented these suggestions, which included sensitive interventions, intervening within the responsible families and enhancing dignity.

6.3. KEY FINDINGS

The keys findings of this study are as follows:

6.3.1. Key findings regarding forms of violence experienced by women with physical disabilities in Pretoria

- The findings of the study provided that women with physical disabilities experience different types of violence surrounded by unique circumstances. These forms of violence include, physical abuse, financial, emotional, structural violence, sexual as well as neglect and deprivation.
- As derived from the findings, majority (eleven) of the participants experienced emotional violence. This type of abuse can be attached to the stigma of having a disability or be an outcome of other types of violence.
- Structural violence is another type of violence that was faced notably on a high level (nine) as evidenced by the number of participants who mentioned that they have experienced it. The findings revealed that structural violence emanated from external environments such as educational institutions, work places and health care facilities. Although instigators were human beings, they operated under some form of a system rendering services also needed by women with physical disabilities.
- Most of the women with physical disabilities in this study have been victims of sexual violence (eight). The findings showed that this form of violence can take two forms of either rape or assault, which can occur in contexts such as home, schools, and work places or even in public spaces.

- Financial abuse was also experienced by six women with physical disabilities in accordance to the findings of the study. It appears that this type of abuse was usually associated with the monthly disability grant, which a perpetrator could take advantage of. Some participants have experienced it in public places upon asking for help to transfer money.
- As revealed in the findings of this study, some women (six) with physical disabilities struggled to meet their crucial needs due to the situations of being neglected or denied help when most needed.
- Physical violence was another least form of violence mainly faced during childhood phase, as shown in the findings of this study that only three participants experienced it.

6.3.2. Key findings regarding risk factors associated with violence against women with physical disabilities in Pretoria

- The findings showed that there were certain aspects that increased the possibility of women with physical disabilities experiencing violence. These included non-disclosure of the violence experienced and the assumptions allied to women with physical disabilities. Such risk factors could either result in an irreversible situation of being victimised or perpetuation of the cycle of violence, with the possibility of negative implications on the well-being of the person.

6.3.3. Key findings regarding protective factors associated with violence against women with physical disabilities in Pretoria

- The findings showed that the participants protected themselves through disclosing the violence, having self-acceptance and obtaining support from significant others. Effectively so minimizing risks that could cause victimisation.

6.3.4. Key findings regarding coping mechanisms that women with physical disabilities in Pretoria use after experiencing violence

- The coping mechanisms used by participants include relying on informal networks, obtaining professional help and being empowered. The coping mechanisms also enabled stimulation of resilient factors.

6.3.5. Key findings regarding suggestions on social work interventions with women with physical disabilities experiencing violence

- The findings of this study pointed out aspects that social workers might need to consider in their interventions in order to effectively assist women with physical disabilities affected with violence. It is important that social workers become aware that women with physical disabilities who have experienced violence are usually heavily emotionally impacted. As such, interventions proposed should be more sensitive and empathetic.
- The findings of the study revealed that exclusion of the responsible families in interventions might not have the full efficacy. Families of the women with physical disabilities experiencing violence should be included in assessments of the cases as well as being provided with relevant education on the matters.
- Women with physical disabilities ought to be seen as human beings with rights and privileges. As such, social workers should assist a person before seeing the disability. The impairment as a medical related condition should not define the entire well-being of a person or deprives one's ability to be treated with dignity.

6.4. CONCLUSIONS

- Women with physical disabilities are not an exemption from violence. They experience known forms of violence such as sexual, physical, financial, emotional abuse, structural violence as well as neglect and deprivation. More so, unique type of abuse referred to as disability related violence. For instance, emotional violence due to disability related stigma.
- Some types of violence tend to be frequently experienced among women with physical disabilities. These are emotional abuse, sexual and structural violence. The experiences have posed heavy negative emotional impact on the victims or even paved a way for other types of abuse. For instance, self-blame after the experience of sexual abuse, contemplation of suicide and being physically violated upon disclosing. Other types of violence women with physical disabilities face are, financial, physical violence, neglect and deprivation. These forms of violence as found in the study are experienced on a slightly lower level compared to the ones indicated above.

- It is concluded that there are certain aspects that can heighten the likelihood of women with physical disabilities experiencing violence. These are risk factors that have caused some women to be victimised. Some assumptions or perceptions linked to women with physical disabilities have caused emotional disturbance. Besides resulting in violence, some risk factors can enable perpetuation of violence already experienced. There are also protective factors that women with physical disabilities can make use of to shield themselves from violence. Taking the step to disclose or report the abuse faced can help in stopping its continuation and other possible unfavourable effects. Although the society accumulates assumptions that disadvantage women with physical disabilities, it has been noted that self-acceptance and better understanding of one's condition can be a huge step in overcoming imposed perceptions that can cause victimisation.
- The researcher concludes that women with physical disabilities survive using various ways in the aftermath of violence. These are coping mechanisms, which include relying on informal networks, obtaining professional help and being empowered. The coping mechanisms reveal the importance of resilience enabling factors and empowerment in overcoming challenges. With resilience, women with physical disabilities affected with violence are able to successfully adapt to adversities that threaten better well-being. Successful adaptation and overcoming of adversities rests on the mediating process, which can include relying on informal networks and obtaining professional help. Empowerment can help a woman victimised to escape a risk or victimising environment.
- In conclusion, social workers are recommended to be aware of the types of violence that women with physical disabilities experience and all the issues associated. As a result, there are aspects that ought to be part of their interventions such as involving the responsible families, enhancing dignity and being highly sensitive as some victims are in situations of despair and emotionally impacted.

6.5. RECOMMENDATIONS

Based on the conclusions drawn above, the researcher provides the following recommendations:

6.5.1. Facilitation of public awareness on violence experienced by women with physical disabilities

The findings of this study informed us that women with physical disabilities experience multiple forms of violence and have higher risks of being exposed to violence. The situation has been defined as triple jeopardy due to the fact of gender, condition of having a disability and the risk of victimisation that follows. According to the literature and the input given by the participants, it seems the society is less aware of this tragedy and at times misinformed. It is therefore essential that different members of the society take efforts to raise awareness about such matters, thus informal and formal sectors of the society.

Raising awareness about disabilities in general is conducted in the South African society, through platforms such as the Casual Day. This recommendation can proceed from such platform to also incorporate awareness on the violence faced by women with physical disabilities. Causal day is a flagship awareness or campaign that seeks to raise funds for persons living with disabilities. Such initiative can be fused with public education or awareness in terms of the plight of violence that women with physical disabilities are faced with. Education on strategic interventions can be done, ways of addressing the violence and how general members of the society can play a role. Other platforms that can integrate this awareness are programmes that seek to address gender-based violence in general such as the Sixteen Days of Activism.

6.5.2. Capacity building social work interventions

Social work practitioners work closely with people that are victimised by different causes in the society. For instance, human trafficking, gender-based violence and children that have been abused. Women with physical disabilities affected by violence can be among the persons victimised through gender-based violence or be their own unique population. Social workers might need to structure their interventions in a way that enhance the strengths or capacities of these women to address the challenges of violence faced. As argued at some point in this study that, women with physical disabilities have low self-esteem due to their conditions. Societal stereotypes might also worsen such situation.

Therefore, social work interventions should at least influence a shift from the ordinary experience of how these women perceive themselves and how the society also devalues them. Concrete examples would be educating them on their human rights and supporting fulfilment of those rights. Socio-economic empowerment to enable improved living standards and overcoming of poverty. These kind of roles can be broad and diverse. Women with disabilities are generally known to have low levels of education, some due to lack of opportunities to access enabling services. Social workers can therefore play the linkage role in the process, to help women with physical disabilities obtain the needed resources for educational opportunities.

6.5.3. Social work family interventions

Most of the participants in this study have pointed out the importance of social work assessments in the families of women with physical disabilities. At times, violence emanates from the family environments and some families might not be aware that they are instigating the abuse. Some families can also lack knowledge in terms of ways to support the woman and external resources available to them. Therefore, through holistic assessments, social workers can be able to gather and understand the family situation, which can either be a risk to the woman or be a source of support. Since social workers stay abreast on issues concerning disability and health care, gender-based violence, they can uptake the role of educating families of those women with physical disabilities affected by violence on ways of coping and protection.

6.5.4. Inclusiveness in service provision

As the numbers of women with physical disabilities experiencing violence in South Africa are high, victim empowerment programmes might need to refine their interventions or expand their focus. In some parts of this study, it has been stipulated that women with physical disabilities victimised can easily become victims of the systems that ought to assist them due to lack of clarity on how to assist. Therefore, interventions or programmes for such victims should be inclusive and be aware of the unique circumstances surrounding women with physical disabilities experiencing violence. Some of these service providers can be The South African Police Service, governmental and non-governmental organisations for gender-based violence and health care facilities. These service providers can be recommended to be non-discriminating to women with physical disabilities, who are victims of different types of

abuse. Thus, diverting attention from disabilities, but focusing on the fact that a human being needs help. There can also be implementation of workshops to educate such service providers on disabilities in general and women with physical disabilities.

6.5.5. Multi-sectoral approach to address violence faced by women with physical disabilities

As derived in this study, the experiences of violence among women with physical disabilities tend to be broad. The phenomena consist of wide-ranging circumstances relating to different causes, unique environments of occurrences, risk and protective factors and distinct ways of coping. For instance, some participants experienced violence in their home environments whilst some found protection against violence within the family. Others faced violence in schools, public places and work contexts. Due to these facets, addressing violence against women with physical disabilities can be recommended to be a responsibility of different industry sectors in order to collaboratively improve the lives of women with physical disabilities. Thus, ought not to be a responsibility of a single field of service delivery such as social work. Other sectors can also play a massive role such as the education sector, health care service providers, the justice system, community development agents and even ordinary members of the society such as the families residing with women with physical disabilities.

6.6. LIMITATIONS OF THE STUDY

Although this study aimed to gather much data from the participants to fulfil the goal, some limitations were discerned. The participants' profile seemed to have some sort of discrepancy in terms of race as the majority were black, with only one white participant. This was due to the majority of service users from the participating organisation who are black. Initially, the researcher planned to conduct the interviews face to face. However, due to covid-19 unanticipated challenges, most of the interviews had to be done using virtual platforms such as zoom and telephone, with only two carried out face to face.

Some of the challenges encountered during telephonic interviews were network unreliability and signing informed consent forms online. Besides these challenges, data was collected successfully. In the situation of network unreliability, the interview

would be rescheduled for other days till the network became better. Participants who struggled to sign informed consent forms online eventually used the option of affirmation of informed consent. Some concerns can be raised over the fact that the study was only limited to a qualitative approach, with a small number of participants in Tshwane Metro, Pretoria. Hence, it might be difficult to generalise the findings to larger populations of women with disabilities.

6.7. SUGGESTIONS FOR FUTURE RESEARCH

- More research is required on an extensive level to understand the issue of violence women with physical disabilities experience in South Africa. Although the researcher explored the matter adequately, other ways of exploration can be necessary as these circumstances tend to evolve with time.
- Future studies might need to incorporate some of the facets identified on limitations of the study such as race of the participants and other geographical areas. As literature already reveal that research on violence against women with disabilities in South Africa is still scarce, inclusion of such aspects can help in advancing this area of research.
- It might be very beneficial and informative if future studies can focus on implementation of the recommendations of this study. For instance, developing and practically applying strategies of public awareness on the unique violence experienced by women with physical disabilities. Thus, taking additional steps of practically implementing suggestions through the route of research to produce well-informed programs or interventions. It is also fundamental to note that women with physical disabilities consist of a certain section of the entire population of persons living with disabilities. There are other women with various types of disabilities such as mental related ones, who are also at a high risk of experiencing violence or abuse as shown by literature. Hence, future research can also consider the experiences of violence among women with other types of disabilities not only physical.

6.8. CONCLUDING STATEMENT

This study aimed to explore and describe the experiences of violence among women with physical disabilities in Tshwane Metro, Pretoria. The following research question was formulated for the study: What are the experiences of violence among women

with physical disabilities living in Tshwane Metro, Pretoria? The attainment of the goal and objectives of the study enabled the researcher to answer the research question stated. The empirical findings of the study indicated that women with physical disabilities in Pretoria experienced various forms of violence such as sexual, financial, physical abuse, emotional, structural violence as well as neglect and deprivation.

As found in this study, there were risk factors that increased the possibility of the women with physical disabilities experiencing violence. These included assumptions allied to women with physical disabilities and not disclosing the violence experienced. Nevertheless, the women had ways of protecting themselves from violence and reduced the negative impact likely to be faced. These are protective factors which included self-acceptance, disclosing violence and getting support from significant others. According to the empirical findings, women with physical disabilities coped in different ways after they experience violence. They relied on support from informal networks, they accessed professional help and also being empowered. Coping mechanisms provided indicates the importance of grooming resilience in face of adversities and being capacitated through empowerment to overcome challenges. Lastly, as suggested in the findings, social workers ought to intervene within the responsible families of women affected with violence, carry out sensitive interventions and enhance the dignity of women with physical disabilities affected with violence.

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APPENDICES

APPENDIX A: RESEARCH ETHICS COMMITTEE APPROVAL



Faculty of Humanities
Fakulteit Geesteswetenskappe
Lefapha la Bomotheo



15 September 2020

Dear Miss YL Muruzi

Project Title: Experiences of violence among women with physical disabilities living in Tshwane Metro, Pretoria
Researcher: Miss YL Muruzi
Supervisor(s): Dr P Gutura
Department: Social Work and Criminology
Reference number: 15232612 (HUM045/0620)
Degree: Masters

I have pleasure in informing you that the above application was **approved** by the Research Ethics Committee on 27 August 2020. Data collection may therefore commence.

Please note that this approval is based on the assumption that the research will be carried out along the lines laid out in the proposal. Should the actual research depart significantly from the proposed research, it will be necessary to apply for a new research approval and ethical clearance.

We wish you

success with the

A handwritten signature in blue ink, appearing to read 'Pikirayi'.

project. Sincerely,

Prof Innocent Pikirayi

**Deputy Dean: Postgraduate Studies and Research
Ethics Faculty of Humanities**

UNIVERSITY OF PRETORIA

e-mail: PGHumanities@up.ac.za

Research Ethics Committee Members: Prof I Pikirayi (Deputy Dean); Prof KL Harris; Mr A Bizos; Dr A-M de Beer; Dr A dos Santos; Ms KT Govinder; Andrew; Dr P Gutura; Dr E Johnson; Prof D Maree; Mr A Mohamed; Dr I Noomé; Dr C Puttergill; Prof D Reyburn; Prof M Soer; Prof E Taljard; Prof V Thebe; Ms B Tsebe; Ms D Mokalapa

APPENDIX B: PERMISSION LETTER TO CONDUCT INTERVIEWS FROM DISABLED WOMEN LIVING WITH DIGNITY



(DIS)ABLED WOMEN LIVING WITH DIGNITY
LIVING LIFE ON HER TERMS

Disabled woman living with dignity (DWLD)

07 August 2020

Living on her own terms

DWLD is founded on the premise that woman living with disability have equal capabilities as their well bodied counterparts. It then strives to assist in the realisation of these woman's potential, more especially those who were previously disadvantaged.

DWLD's intercession comprise of uplifting differently abled woman accomplish academic excellence, and promoting robust physical and mental wellbeing.

These letter serves to confirm that we as DWLD acknowledge Yeukai Leoba Muruzi request to conduct a research with our organisation and its constituency, we give her authorisation to do so and request that she becomes one of our supporters by registering through our website.

We will also have one of our executive who is a graduate in the field of Psychology to offer support during her research. We also recommend that the research interviews to be done on various platforms when need be such as zoom, watsup, telephonically etc and face to face interviews if the constituency are comfortable.

Kind Regards

Ms. Meagan Chauke - **Founder and Chairperson**

NPO REF: 234-135

E-mail: dwdignity@gmail.com

Tshego Meagan Chauke (Founder and Chairperson)

Sylvia Somo (Secretary)

Dominacia Zondo (Treasurer)

Mylet Ulle (Director of Programmes)

www.dwdignity.org

Cell: 081 765 5390

Address: 154 Beethoven Street
Waterkloof Glen
Pretoria East
0010

APPENDIX C: LETTER OF CONSENT TO PROVIDE COUNSELLING FROM THE PSYCHOLOGIST



(DIS)ABLED WOMEN LIVING WITH DIGNITY
LIVING LIFE ON HER TERMS

Disabled woman living with dignity (DWLD)

07 August 2020

Living on her own terms

Dear Yeukai

My name is Mylet Lubisi, a psychological counselling graduate, who is currently doing her honors in psychology with the University Of South Africa (UNISA).

I am also a project director of Disabled woman living with dignity (DWLD).

On the basis of the organization's agreement to assist you in executing your project, I formally avail myself to offer psycho-social assistance to individuals who will be identified to be needing such after conducting your interviews.

Yours sincerely:

Ms Mylet Lubisi – Director of Programmes

E-mail: dwdignity@gmail.com

Cell: 081 765 5390

Address: 154 Beethoven Street

Tshego Meagan Chauke (Founder and Chairperson)

Waterkloof Glen

Sylvia Somo (Secretary)

Pretoria East

Dominacia Zondo (Treasurer)

0010

Mylet Ulle (Director of Programmes)

www.dwdignity.org

APPENDIX D: LETTER OF INFORMED CONSENT



Faculty of Humanities

Fakulteit Geesteswetenskappe
Lefapha la Bomotheo



Experiences of violence among women with physical disabilities living in Tshwane Metro, Pretoria.

1. Introduction

You are invited to participate in a research study that I am conducting in the completion of a master's degree in Social Work Research in the Department of Social Work and Criminology, at the University of Pretoria. This information sheet serves the purpose of helping you to decide if you would like to participate in this study. Before you agree to take part in this study, you should fully understand what is involved and you should not agree to participate if you feel at all uncertain about the procedures involved.

2. Nature and purpose of the study

The aim of the study is to explore and describe the experiences of women with physical disabilities on different forms of violence. According to Statistics South Africa 2014, locally, more than 7.5% of the South African population have a disability and the majority are women. Literature has steadily revealed that women with disabilities are not an exception to violence as they experience violence sometimes on a daily basis and are as twice as likely as women without disabilities to experience violence such as physical and sexual. Despite these findings, there is scarce information and generally less awareness on the violence that is experienced by women with physical disabilities yet massive literature reports on violence against women.

As a result, this study will aim to derive proper findings surrounding violence among women with physical disabilities and to uncover the actual realities involved. The findings will enable to raise awareness in the society that even women with physical disabilities are at an elevated risk of any form of violence and might as well require protective and preventative measures against interpersonal violence in our country.

3. Explanation of procedures to be followed

The data collection will take place at Disabled Women Living With Dignity in Pretoria or through platforms such as zoom, telephone and WhatsApp. Upon agreeing to participate, the researcher will offer you an informed consent were you need to give your consent in writing that is in form of a signature. However, if you have difficulties in writing, you will give verbal consent and the researcher will assist you by writing your name in full. You will then participate in an interview whereby the researcher will ask you relevant questions to the study. Some of your responses might be required to be explained for more information. An audio recorder will be used to capture your actual full responses and each interview might approximately take about 60 minutes.

The following sections of questions will be asked:

1. Biographical questions

- Information such as your name, population group, nationality and home language, marital status, employment status and the type of physical disability you have.

2. Forms of violence experienced

- Such as physical, emotional, sexual, financial, structural, neglect and deprivation
- The persons whom you experienced the violence from
- To provide explanation on the events that led to the violence

3. Risk factors associated with violence experiences

- Aspects that increase the possibility of experiencing the forms of violence experienced
- To explain in detail

4. Protective factors employed before or after experiencing the violence

- Ways one protects herself from the type of violence experienced

5. Coping mechanisms used after one has experienced violence

- Ways of dealing with the violence experienced

6. Recommendations that social workers can take to improve their intervention strategies with women with physical disabilities facing violence

- Suggestions that one can give to social workers when intervening with women with physical disabilities exposed to violence.

4. Possible risks and benefits of this study

The study poses no risks of physical harm to participants and participants will not have to make any financial contribution towards the study. However, participants will be informed about debriefing that will be done to find out about their experience of participating during data collection. If there is any possibility of harm experienced, psycho-social counselling will be provided by one of the Psychologist at Disabled Women Living With Dignity. There is no direct benefit of participating in this study.

5. Compensation

You will not be paid to take part in the study. There are no costs involved for you to be part of the study.

6. Your rights as a participant

Your participation in this research study is entirely voluntary, if you are not comfortable with any of the procedures being performed you are allowed to end your participation in the study without any consequences and all data gathered from you will be excluded from the study. You will have access to any data gathered on you during the duration of the study.

7. Confidentiality and anonymity

The identities of the participants will be kept strictly confidential. A digital voice recorder will be used during the interview to capture the actual responses of each participant. All information of the participants will be used anonymously in the dissertation. The data collected will be stored for research and archiving purposes for a minimum of 15 years according to the University of Pretoria regulations.

8. Contact person(s)

The contact person for this study is Yeukai Muruzi. If you have any questions about the study please feel free to contact me at 061 112 2133 or email me at yeukaimuruzi@gmail.com

9. Consent to participate in this study

- I have read the information in this document.
- The researcher has explained the procedure and possible risks and benefits of the study to me.
- I understand what the procedure is, and what is required of me in this study.

- I acknowledge that my results may be used anonymously in a research article and/or future research.
- I am aware that I participate voluntarily and that I may withdraw from the study at any time.
- I have had adequate time to ask questions and I have no objections to participating in this study.
- I have received a copy of this informed consent agreement to sign.

I hereby agree to participate in this study of experiences of violence among women with physical disabilities.

Participant's name (please print)

Date

Participant's signature

Date

Researcher's name (please print)

Date

Researcher's signature

Date

APPENDIX E: AFFIRMATION OF INFORMED CONSENT



Faculty of Humanities
Fakulteit Geesteswetenskappe
Lefapha la Bomotho



AFFIRMATION OF INFORMED CONSENT BY AN ILLITERATE PARTICIPANT OR WHO IS PHYSICALLY UNABLE TO SIGN.

(If suitable)

I, the undersigned,, have read and explained fully to the participant, named,, the informed consent document, which describes the nature and purpose of the study in which I have asked them to participate. I have explained the possible risks and benefits of the study as well as that they are free to withdraw from the study at any time. The participant indicated that they understood the aspects of the study and are willing to participate.

I hereby certify that the individual has agreed to participate in this study.

Participant's name (please print)

Date

Participant's signature

Date

Researcher's name (please print)

Date

Researcher's signature

Date

Name of the witness

Date

Signature of Witness

Date

APPENDIX F: DATA COLLECTION INSTRUMENT

INTERVIEW SCHEDULE FOR WOMEN WITH PHYSICAL DISABILITIES LIVING IN PRETORIA

SECTION A: BIOGRAPHICAL QUESTIONS

1. Pseudo name?
2. How old are you?
3. What is your population group?
4. What is your nationality and home language?
5. What is your marital status?
6. Educational status
7. What is your employment status?
8. What form of physical disability do you have? (Congenital or acquired?)

SECTION B: FORMS OF VIOLENCE WOMEN WITH PHYSICAL DISABILITIES IN PRETORIA EXPERIENCE

1. Have you ever experienced any form of the following violence:
 - a. Physical
 - b. Emotional
 - c. Sexual
 - d. Financial
 - e. Structural
2. Neglect and deprivation

From whom did you experienced the violence?

May you please explain the occurrences or events that led to the violence?

SECTION C: RISK FACTORS ASSOCIATED WITH VIOLENCE EXPERIENCES

1. What are the aspects that increase the chances of experiencing the violence you explained above? (as a participant)
2. May you please explain those aspects in detail?

SECTION D: PROTECTIVE FACTORS EMPLOYED BY WOMEN WITH PHYSICAL DISABILITIES EXPERIENCING VIOLENCE

1. How do you protect yourself from any type of violence?

SECTION E: COPING MECHANISMS USED BY WOMEN WITH PHYSICAL DISABILITIES EXPERIENCING VIOLENCE

1. After facing violence, how do you deal with it?

SECTION F: RECOMMENDATIONS THAT SOCIAL WORKERS CAN USE IN THEIR INTERVENTION STRATEGIES WHEN WORKING WITH WOMEN WITH PHYSICAL DISABILITIES EXPERIENCING VIOLENCE.

1. What suggestions can you give social workers to use when intervening with women with physical disabilities experiencing violence?